

THE AMERICAN JOURNAL OF NURSING

VOL. I

NOVEMBER, 1900

NO. 2

ORIGINAL COMMUNICATIONS

ADDRESS OF THE PRESIDENT *

ISABEL HAMPTON ROBB

ONLY once during the twelve months is it our privilege to meet together as a corporate body to deal with the common affairs of our common work, to take counsel, as wisely as we may, how we may improve and further that work by mutual and organized efforts, and at the same time strengthen those ties which bind us together as individual workers and as members of a profession which in a little over twenty-five years has grown, as it were, from a small seed to a mighty tree whose branches spread widely and in many directions. To this yearly gathering also are brought the suggestions of individual members and of individual alumnae associations to receive the consideration and attention of the representatives of the whole body, who deliberate upon them and take such action as seems best. The result of these deliberations, together with the substance of the papers read and of the ensuing discussions, are reported to the several alumnae by their delegates, and, moreover, are printed in detail in the annual report, which is circulated through the proper channels, so that it comes within the reach of even the most remote member, supplying her, we trust, with fresh food for thought and a new stimulus for the work of the next year.

It would seem, therefore, advisable that we should make use of this annual opportunity to hold a general review of our forces, so that, utilizing what we can learn from the retrospect, we may be the better able to

* Before the Third Annual Convention of the Associated Alumnae of Trained Nurses of the United States. Held in New York, May 3, 4, and 5, 1900.

deal with the present and receive a clearer understanding as regards the future. Our looking backward does not as yet give us much ground to cover, since this is only the third time we have met together, and our combined deliberations cover only two years of work. But even in this short time we have been brought face to face with circumstances which are of deep import to all nurses, and which have caused the need for concentrated interest and work to be keenly felt. To those of our members to whom the benefits to be derived from organization were perhaps not yet clear, I feel sure that certain events of the past two years have shown the imperative need for organization, so that I trust that this question may be regarded as permanently settled. Indeed, to our cost we now know that the concentration of our forces came too late by at least a year, for one can hardly doubt that the nursing of our soldiers during the Spanish-American war would naturally have fallen into our hands had our professional organization been completed earlier. If this had been done, our capacity to meet properly so important a crisis would have been better understood and appreciated, with the result that not only would our soldiers have received better nursing, but we ourselves might have been spared the extra exertion that has been demanded of us during the past two years in our continued efforts in supporting the Army Nursing Bill, and at the same time upholding the honor of our professional status. It may be, however, as well that we were not successful to begin with, for had honors come to us too easily, they might possibly have rendered us careless of our best interests in the future, and the necessity for absolute loyalty and continued personal effort might not have been so early impressed upon our minds with sufficient emphasis. Be that as it may, the events of the past year have made even the doubters among us realize that, in a certain sense, the trained nurse as a unit is nobody; and although at this writing the success or failure of the Army Nursing Bill is still undecided, we may still feel that, whether we win or lose the cause for this year, we should be deeply grateful that we were a sufficiently organized and representative body to be able to unite in working to uphold and guard our professional honor and its welfare.

In other ways, also, there has been a closer drawing together and a broader outlook developed, chiefly through the efforts of our Educational Committee. For the purpose of education in various cities alumnae members of different schools have met together, and, in accordance with the programme submitted by the Educational Committee, courses of lectures and talks on various topics have been arranged and well-attended meetings have been held at the various alumnae club-rooms. Incidentally this exchange of alumnae courtesies has been the means of stirring up a considerable pride and ambition in individual school alum-

næs, and as a result new club-houses have been established. These meetings may also be regarded as the forerunners of the local clubs which we shall hope to see begun in the near future.

But no doubt the chief subject that has largely held our interest during the two years past has been army nursing, and the various phases of the problem have been studied by many of us with keen interest. To-day the need for a better organization of the nursing forces on a modern basis in every country is being as plainly demonstrated in South Africa as it was in the late Spanish-American war, although, happily for the sufferers, not to the same painful extent as happened in the case of our own soldiers. But as was only natural, efforts to bring about a better state of affairs at once developed the opposition which is always encountered by work which is healthy and progressive. Fortunately, the opposition comes from the outside and is purely commercial; it does not represent any high aims or definite principles; its leaders are not trained nurses, and the success of their projects would mean the complete subjection of trained nurses. We have, therefore, no common ground upon which any compromise can be effected. When trained nurses have demonstrated their inability to look after their own affairs, then and not till then can they permit themselves to be guided and governed by women whose ruling motive must be a commercial one, as such women cannot appreciate the work to be done or the proper methods for performing it, as can trained nurses themselves.

The growth of our association is steady and encouraging. This year we add five more large schools to our membership, and six small general schools will be admitted into associate membership as soon as certain changes in the constitution, which will be made at this meeting, have rendered the step legal. At this meeting we shall also be called upon to consider the question of enlarging our borders in order to admit, on the same footing as *alumnæ* associations, local associations, some of whose members have not had the opportunity of being connected with *alumnæ* (in case such associations do not exist in their schools), but who would bring into a local association the same standard as that required by our *alumnæ*s. Each *alumnæ* has received due notice of the amendment to come up at this meeting, so no doubt you are all conversant with the pros and cons of the question. It is desired that this point shall be settled before we proceed to the formation of State associations, which the various *alumnæ*s of New York purpose to take steps to do very shortly in their State. This will not be the first time the question of local and State associations has come before us for discussion. A large portion of our First Annual Report is made up of papers and discussions upon the subjects of State and local associations. I would strongly recom-

mend each member of this association to provide herself with a copy of the First Annual Report and read and consider carefully the points brought out at our first meeting; if this is done, I am sure the need for such associations will be better understood. At that same meeting a committee was appointed to report upon the formation of local associations. Last year no written report was submitted by that committee, but I should like to quote from the verbal report made by its chairman (Miss Nutting):

"Not much has been accomplished this year, but there has been a good deal of thinking done. It seems that the time is coming for the forming of local associations, thus uniting those *alumnæ* associations which are eligible for representation in the national association, and which should include stray graduates of other schools who are in good standing in their own *alumnæ* associations." It would mean that all the associations and the graduates must be eligible to membership in the national association. I cannot see how local associations could be formed on other lines. But it is evident that that would bar out a great many women who graduated years ago from schools that are not eligible to membership in this association, and yet there is no doubt of the great benefit it would be to these women to work with such local associations. Probably it is those nurses who would be most anxious to attend such meetings and who would derive most benefit from them. I am aware from things that have come to my notice that these should be much more comprehensive than the original idea of the local association. The whole subject is something that has to be considered. No actual work has been done as yet. The question is, how inclusive shall they be? This is just the question which we trust our delegates have come prepared to answer and settle at this meeting. It is not one of my duties to instruct you, but I may at least ask you to remember that our object in associating is to advance the interests of the whole *nursing profession* and not merely those of any one association. After deciding upon the formation of local associations, we trust steps may very soon be taken to formulate State associations, beginning, in all probability, with the State of New York.

As many of us know, the question of registration for trained nurses has been long in our minds, but we were also aware that to advocate legislation for nurses eight or ten years ago would have been to "put the cart before the horse." At that time, no *esprit de corps* existed among the leaders in our schools. Nothing much in the way of systematizing teaching was recognized; certainly there was no uniformity in curriculum and not even an attempt at a general education and ethical standard. Among the nurses there was no professional feeling, not even

among the graduates of the same school; there was simply nothing organized or professional about us. Collectively we could neither qualify as a profession, a calling, or a trade. For to be a member of a profession implies more responsibility, more serious duties, a higher skill, and work demanding a more thorough education than is required in many other vocations in life. But two things more are needful,—organization and legislation. A calling, in its accepted sense, implies more exclusively a consecrated religious life, such as that of sisterhoods with their religious restrictions, which are more numerous and exacting than those demanded of the trained nurse; while, on the other hand, a trade is more largely concerned with manual labor. We were, therefore, a most indefinite quantity. How, then, could we ask for legislation as a profession when we did not exist as such? We had, therefore, to know and understand ourselves, in some measure, before we could possibly determine our rightful status. Modern medicine, in requiring of us the professional attributes, has taken the decision out of our hands, and has made trained nursing a profession; but how soon we shall attain to the full professional level depends upon ourselves entirely. Before all, then, it was necessary to organize, and the rapidity and thoroughness with which you went at and accomplished the first steps were truly amazing, and not the least delightful part to witness has been the splendid, broad-minded, liberal spirit with which you have met each other. This passing tribute of pride and pleasure in your achievements may be permitted to one who has watched unceasingly every step in your growth and who knows whereof she speaks. These important phases in development, though comparatively rapid, have followed each other in their natural sequence; as a result there has been no time lost in retracing steps, but a gradual broadening out has been going on as need arose. Thus organization has developed through the Society of Superintendents standing for educational advancement, to the school alumnae, representing home as well as professional interests, to the national association, representing the profession, with its larger life and affairs, and where each alumnae has equal representation. Furthermore, after this meeting we may hope for the rapid development of local associations, where each nurse, in one State and town to-day and in another far away to-morrow, may still have her recognized place and voice in the affairs of her profession; and finally, before we meet again, we look for the formation of at least one State association, the last link in the chain of organization.

But with the completion of the chain the fulness of time brings us face to face with the vital question of registration for nurses, the foundation for which was laid just seven years ago. State registration is certainly the next and most important step towards achieving a fixed

Bellows

professional standard. According to the Constitution of the United States, an act authorizing registration for the whole profession and country cannot be passed by Congress at Washington, but each State must make its own laws for its own nurses. New York with its local and State associations will become sufficiently representative to ask for legal recognition for trained nurses within its domains. It is only fitting that this State should take the initiative. Its educational institutions are controlled by the University of the State of New York, which will not allow members of any profession to practise in the State until they show proper proofs that they have graduated from some recognized qualified school, and have also passed certain prescribed examinations in the studies taught in these schools. Only to those who satisfy these requirements is a license granted by the regents of the university. If, then, similar requirements had to be met by trained nurses, nursing would at once be established on a distinct educational plane. Again, as New York is the home of the mother of training-schools in this country, it is but fitting that this State should first receive the crowning glory of the work she so bravely undertook. Nor will the other States lag far behind her in this respect if we may judge by the alacrity with which they followed her lead in establishing schools for nurses. Only by a complete system of registration will it be possible for trained nursing to attain to its full dignity as a recognized profession and obtain permanent reforms. As the matter stands at present, the woman who has spent years of hard work and study in acquiring skill and knowledge as a nurse, on undertaking private nursing finds at once that she is classed on a level with all sorts and grades of so-called trained nurses; nor has she any redress. She is expected to work side by side with the uncertified hospital nurse who has been dismissed for cause before the expiration of her term as a student, with the half-trained nurse from the specialty hospitals, with the nurse who has received the kind of instruction that makes her dangerous, with the adventuress and the amateur,—women masquerading as nurses, a matter of uniforms with no knowledge behind them,—with the second-year hospital pupil sent out during the time that should have been devoted to her education to earn money for the institution. Is it to be wondered at that with such a levelling, with the competent confused with the incompetent in the eyes of the public, that the severe and continual criticism should fall upon the just as well as upon the unjust, and that the nursing profession should suffer for the sins and shortcomings of those who should not be ranked as belonging to it. Our sympathies are divided between a long-suffering and much sinned against public and the genuine trained nurse. Such anomalous conditions have gone far towards bringing private duty into bad odor,

and as a result many of our best graduates prefer to remain in hospitals, at a much less income, because there they hold a definite recognized professional status, since in all hospitals worthy of the name the authorities recognize the necessity and importance of having trained nurses in charge of the nursing department, and the staff is made up either of graduates or pupils, no room or place remaining for nondescripts.

But with registration this unfortunate condition of things will be changed; the professional status of the trained nurse will be defined no less sharply than that of the physician or of the lawyer. By these means also the public would be provided with a distinguishing mark whereby they could know whether any given nurse has been properly trained, and is a suitable person to take charge of the sick; whereas in the absence of a public registry or of a physician to make the selection they are left without any guarantee of the efficiency of the various candidates. Again, since the medical profession must always wish to secure for their patients the best care, it will undoubtedly heartily endorse this further effort to increase and improve the efficiency of the nursing service. Lastly, as regards training-schools themselves, the introduction of a legalized registration would naturally stimulate both schools and graduates to reach the required educational standard. Each school would be obliged to give the pupils such thorough instruction in the theory and practice of nursing as would enable them to pass the examination prescribed by law and obtain the certificate which would authorize them to practise as trained nurses. These examinations could be conducted by properly qualified boards, the members of which would be largely drawn from those among the ranks of the trained nurses who have had special experience in such matters; who know what good nursing is, how it should be taught, and what standard is desirable and at the same time attainable.

Of course such a law would not be retroactive and would not affect graduate nurses, who were already in the field, beyond requiring them to present their diplomas and apply for registration.

With this final step in our professional organization accomplished, we are ready to set to work to some purpose to define our ethical code, which belongs to the other side of nursing—the corrective of a too pronounced professional attitude, and which in its fulfilment rounds off our work.

Although we are nearing the completion of the last links of our national organization there are still others to be forged, by which we hope to unite ourselves in professional bonds with those of our own guild in other countries and become identified with woman's work at large all over the world, thus gaining additional breadth and strength for

our own more specialized efforts. Last year, you may remember, we were proffered the privilege of membership in the International Council of Women; this year we have a similar invitation from the International Council of Nurses, which is one of the outcomes of last year's meeting, and which in itself goes to show that American nurses are by no means alone in feeling the need for organization. Indeed, the work that nurses are achieving along these lines in other countries makes interesting and inspiring reading and brings home to each one of us convincingly the importance of personal loyalty, personal interest, and personal work, without which we can never hope to attain the full measure of success. At our first annual meeting Miss Dolliver put the case exactly when she said, "So long as there is one graduate who is not with us we are weak by so much as her mind, character, and influence are valued at." (If we do not take care of our own affairs, rest assured that outsiders will undertake the task for us to our everlasting undoing and to the detriment of the public, whose sick we have the privilege of ministering to.)

Whether we shall take up or lay aside our professional responsibilities is not a matter of choice, but a question of duty and conscience. Do you think it right that any one of us, who have come to a clear understanding of the seriousness and importance of nursing work, should go her separate way and take her own ease and pleasure while there is even one human life imperilled for the want of good nursing? Can we be still and let things just take their own way so long as the stamp of mediocrity marks a work to which should be given the best and highest that the hands, hearts, and minds of women can bring to it? This is no work that can be taken up lightly or laid aside carelessly by the first-comer, but one that should be intrusted only to women, each one of whom should be ordained a priestess, as it were, before she presumes to enter into the temple to perform her ministries unto sick and suffering humanity.

OUR FLOATING HOSPITALS

BY CHARLOTTE MANDEVILLE PERRY

THIS great charity has been in existence a quarter of a century. It originated in the attempt to rescue sick children from unwholesome, often fatal, surroundings, where during the summer months child-disease runs rampant, and to place them under conditions favorable to recovery.

The attempt first expressed itself in excursion trips, sea-shore homes, and summer outings by the salt water,—the sea-breezes possessing a wonderfully restorative as well as tonic effect. But this only afforded

temporary relief. They were the small beginnings which afterwards resulted in the finely organized corporations of New York City and of Boston,—now composed of influential, wealthy, and kindly-disposed persons. These first ventures appealed strongly to people generally.

St. John's Guild (501 Fifth Avenue) is the "Mother House," so to speak, of the Floating Hospital in New York. In 1874 this Guild, strong in its convictions as to the potential value of such a scheme, made the initial trip down the harbor in a barge hired for the purpose.

The next year, 1875, the ship, afterwards named the Emma Abbott, from its chief donor, inaugurated the Floating Hospital proper, making three trips weekly, later increased to six. This was Floating Hospital No. 1, which position it retained in a unique sense for some time. New York now has two ships, No. 2 being the Helen C. Juilliard, which was launched with impressive ceremonies May 4, 1899, much enthusiasm, courtesy, and co-operation being evinced on all sides. These boats are modelled according to requirements,—fire-proof, minus machinery, of course, which relieves them of noise and motion and contributes space, every inch of which it is necessary to utilize. The decks are divided off into wards, with a proportion of permanent beds, which necessitates a night as well as a day service. The system of arrangement and management is similar to the hospital with its staff of doctors and nurses. The expense for the daily trip is two hundred and fifty dollars.

Limited space will not permit a detailed account. Suffice it to say that children, with their mothers, appear in large numbers daily, are examined for admission, and are sometimes turned away for lack of accommodation as well as for contagious disease,—the only limitations excepting that of age,—no child over six years being eligible. Those who are acquainted with the slums of New York, or of any large city, will be able to see what a life-saving device is this most humane endeavor to snatch, as it were, little suffering ones from hotbeds of disease, filth, and all that smothers life or renders it useless. Mothers also are found to be, through the mother-instinct, both accessible and teachable.

Our own city of Boston was first inspired to lay hold of this effective means of saving life through the Rev. Rufus B. Tobey, whose attention was drawn to child-mortality and the need of checking it through certain lines of work carried on in his own church. He became acquainted with the New York Floating Hospital and saw what a great work they were already accomplishing. It was through his efforts and the hearty response of those whose interest he awakened that in 1894 the first trip was made in our waters. Owing to the early interest which Dr. Hale took in the project, the Boston Floating Hospital became a department of the Lend-a-Hand Society. It was incorporated in 1896.

Since the start progress has taken great strides in all the appointments and management of our Floating Hospital, which has been remodelled and improved as occasion and the increase of the work demanded. One special feature is the introduction of the atmospheric plant, by which the temperature is regulated. A cool day can be manufactured even in the face of a very hot one, and by the reversal of machinery too cool a temperature raised to the desired degree. One cannot but be impressed by the fact of the Floating Hospital being an expensive form of charity. This plant involved a great outlay; but marvellous results testify to its being a most valuable factor in the work. Another large item is the laundry, clothes of all kinds being supplied for the babies,—yet no one will question the good done by demonstrating cleanliness. No stone seems to have been left unturned in rendering the work thorough and permanent. The kindness shown the mothers, it is expected, will reflect upon the children. At a certain time these mothers meet in the dietary department to receive instruction which will help them in their homes. Here twenty different kinds of infant food are prepared, after the prescription of the doctor, including beef-juice and egg albumen preparations, besides various cream-mixtures. The benefits of sterilization are demonstrated and bottles sold at a minimum cost.

It was found expedient to accept infants who were known to be in a moribund condition. Also it became apparent that the work would be curtailed if well children under six, who could not be left alone, were not received, as they would be the cause of depriving their sick little brother or sister of its only chance of life. A kindergarten was introduced, which, though it is somewhat irregular at present, proves very helpful in keeping the well children quiet and happy.

Graduate nurses who feel drawn to this work will be glad to know that the Floating Hospital offers this experience as a post-graduate course. Lectures are given, and diplomas awarded where examinations are successfully passed.

It is to be observed that the Floating Hospital is a high order of service, and it is an absolutely ascertained fact that skilled physicians and nurses are indispensable to the real success of the work. Miss Wilbur, superintendent of nurses, who has a staff of twenty-five at present, has endeavored to secure nurses of good standing.

There are many ways of helping on this grand work,—two suggestions will be mentioned here: The first is to encourage skilled service; and the other, to throw one's influence towards securing an endowment fund. At present the Floating Hospital is immediately dependent on the voluntary contributions of those interested. No one has gained greater success in bringing the work and its needs before the attention

of many than Mrs. Whitman, who is indefatigable in the cause. Boston has been hearty in its response. The amount for endowing a bed or "naming a trip" was given as too small at the outset,—viz., one hundred dollars. In New York it is five hundred, although their daily expenses exceed ours. There, too, the same need exists for establishing the work on a permanent financial basis through an endowment fund, it having been possible last year, as with us, merely to keep out of debt, with little or nothing in the treasury. This year we have been told of the urgent demand for funds to complete the work, showing increased capacity as well as needs.

[NOTE.—Information concerning the Floating Hospital can be had by writing to the following persons: Mrs. M. C. Whitman, Lend-a-Hand Society Office, 1 Beacon Street, and Rev. Rufus B. Tobey, 178 Devonshire Street.]

OBSTETRICAL EMERGENCIES

By HENRY D. FRY, M.D.

WASHINGTON, D. C.

"THE obstetric nurse is the *oldest* and the *newest* of nurses."

First, she is the oldest because she antedates the history of medicine. People in the early ages succumbed to diseases; submitted to surgical operations, crude though the operations were; yet we have no record of medical or surgical nurses. Not so, however, with the obstetric nurse, or as she was called, the man-wife or midwife. Her labors are recorded in what is acknowledged to be the most ancient complete book in existence,—viz., Genesis. This was written about four thousand years ago. We are informed (chap. xxxv. 16-19) that "Rachel travailed, and she had hard labor. And it came to pass, when she was in hard labor, that the midwife said unto her, Fear not; thou shalt have this son also. And Rachel died."

Here, in the first record of her work, we have the nurse encouraging the parturient woman, but "higher criticism" might point out the unfortunate fact that she lost her first case.

Again, in chapter xxxviii. (27-30), describing Tamar's accouchement, it says, "And it came to pass in the time of her travail, that, behold, twins were in her womb.

"And it came to pass, when she travailed, that the one put out his hand: and the midwife took and bound upon his hand a scarlet thread, saying, This came out first.

"And it came to pass, as he drew back his hand, that, behold, his brother came out: and she said, How hast thou broken forth? this breach be upon thee: therefore his name was called Pharez.

"And afterward came out his brother, that had the scarlet thread upon his hand: and his name was called Zarah."

The birthright belonged to the first born, and consequently it was an important duty of the midwife to designate the heir in cases of twin birth. Her exclamation at the defeat of her scarlet thread infant may have been meant for surprise, reproach, or wonder. In the book of Exodus we have an interesting account of the Hebrew midwives. As it seems there were only two of them to attend to the births of the Hebrew children, we can well imagine they made a record that would put the modern obstetrician to shame so far as numbers go.

"And the king of Egypt spake to the Hebrew midwives, of which the name of the one was Shiprah, and the name of the other Puah:

"And he said, When ye do the office of a midwife to the Hebrew women, and see them upon the stools, if it be a son, then ye shall kill him; but if it be a daughter, then she shall live.

"But the midwives feared God, and did not as the king of Egypt commanded them, but saved the men children alive.

"And the king of Egypt called for the midwives, and said unto them, Why have ye done this thing, and have saved the men children alive?

"And the midwives said unto Pharaoh, Because the Hebrew women are not as the Egyptian women; for they are lively, and are delivered ere the midwives come in unto them.

"Therefore God dealt well with the midwives: and the people multiplied, and waxed very mighty.

"And it came to pass, because the midwives feared God, that he made them houses."

So much for the records of the antiquity of the midwife.

Second. She is the *newest* of nurses.

A modern obstetric nurse must combine the qualities of a good medical nurse and a good surgical nurse. She must bring to bear the same tact and judgment demanded in a medical nurse; the same painstaking care and observation in the performance of her daily duties; and she must also bring to bear in her obstetric work the knowledge of the surgical nurse,—a clear conviction of the importance of asepticism. In no field do we witness the disastrous work of germ life so much as in this one. Puerperal fever to-day destroys more lives after childbirth than all other causes combined.

The responsibilities of the obstetric nurse are great because she has

the care of the two lives,—the mother and the new-born babe: she must be competent and self-reliant to meet the emergencies that often arise. She is frequently the subject of unjust criticism. If the young mother should recover her health with a figure too portly to suit her fancy, it will be because the nurse did not bandage her properly. If her breast should become inflamed or suppurate, it will be due to something the nurse did or did not do. If the baby has sore eyes, it will be caused by the nurse having exposed them to too bright a light. Ulceration at the navel, and umbilical or inguinal hernia, will also be attributed to some sin of omission or commission.

The duties of the obstetric nurse should begin during the pregnancy of the patient. The young wife, pregnant for the first time and separated from her home and parents, may have no one to look to for advice except her nurse. The hygienic care of the pregnant woman is an important subject. The nurse should be competent to advise her regarding exercise, the ventilation of her rooms, bathing, clothing, rest, sleep, diet, the attention to the bowels and the breasts. The importance of systematic examinations of the urine must be emphasized, and if the patient has neglected this, she must be informed of its necessity. Then the obstetric nurse should superintend the preparations for the confinement. She should see that everything needed for mother and baby are procured beforehand. When summoned to a case of labor she should respond promptly, and having satisfied herself that labor has actually begun, she must prepare her patient, the room, bed, and herself. She must get everything in readiness,—basins, solutions, towels, hot and cold boiled water, douche-pan, sterilized pads, vessels, etc.

When must she send for the doctor? That is an important question for the doctor, and one that often demonstrates to him a good from a poor nurse. Many useless hours of unrest and loss of sleep fall to his lot because a nervous nurse sends for him in the middle of the night to see a primipara who will not need his services for twelve or fifteen hours. Good judgment on the part of the nurse, a cool head, and reassuring manners will prevent these unnecessary calls. The up-to-date obstetrician is supposed to have obtained beforehand such necessary information about his patient as the position of the infant, the measurements of the mother's pelvic diameters, etc. If these be correct, he can usually do nothing until the dilatation has progressed to some extent. The first stage of labor is generally slow, and the pains accomplish little during the early hours in women who are going through the first confinement. It is different, however, in subsequent labors, and the nurse cannot safely delay sending for the physician in these cases. She must be guided by these points: whether it is a primipara

or a multipara; the character and frequency of the pains; whether or not the membranes have ruptured. The difference of rapidity in first and subsequent labors has been mentioned and is familiar. The character of the pains in the first stage is marked from those of the second, as well as the difference in frequency and strength. The escape of the waters, unless premature, is followed by expulsive pains, and in a multipara greatly accelerates the progress of labor. Nothing is said about digital examinations as a means of ascertaining the progress of labor because they are discouraged. A safe rule is that the nurse must never make these examinations. With the greatest care there is always danger of septic infection, and the danger is twice as great if two people make examinations.

For want of space I must omit mentioning the duties of the obstetric nurse during labor and the puerperium, and pass on to the subject of "obstetric emergencies."

These will be divided into emergencies occurring before, during, and after labor. Immediately there comes to my mind two emergencies occupying the foreground,—convulsions and hemorrhages. They are important because nothing brings so much consternation to the household, and nothing so demands in a nurse coolness, prompt action, and a clear idea of what is to be done.

Convulsions occurring under these circumstances are generally due to toxæmia, and may or may not be preceded by threatening symptoms.

The immediate treatment to control the paroxysms until the arrival of the doctor is the same whether they take place before, during, or after labor.

Let it be remembered, in the first place, that it is not wise to attempt to restrain the convulsive movements of the patient by using physical force. It only aggravates the severity of the attack. Efforts are justified only to the extent necessary to prevent the patient from throwing herself off the bed or otherwise injuring herself. She should be prevented from lacerating her tongue by placing a compress of some soft material, as gauze or a towel, between the teeth.

Chloroform and morphia are the best drugs to control the attacks. As soon as the convulsion is passing off and respiration re-established, administer chloroform carefully by holding a handkerchief over the mouth and nose. Pour on a little chloroform at intervals and allow some air to be inhaled with it. Give a hypodermic injection of one-fourth of a grain of morphia, and repeat after each convulsion for two or three injections. As soon as the effect of the drug is manifested by cessation of convulsions, the administration of the chloroform should be discontinued.

Chloral in twenty- or thirty-grain doses by rectal injection is also an excellent remedy.

Having checked the convulsions, it is well while waiting for the physician's arrival to promote sweating by the hot pack or vapor-bath.

(To be concluded.)

THE NURSE AND THE PSYCHIC FACTOR

By DELIA KNIGHT

A VERY interesting article on "Psychic Factor in Disease" appeared in the *Boston Medical and Surgical Journal*, August 16, 1900.

The author states seven propositions, amplifying and making illustrations of each from cases in private practice. I am unable to give you a pen-picture of the article as a whole, but will state the seven propositions, and invite the attention of nurses especially to the seventh.

(1.) That some cases of illness are simply neuroses without appreciable pathological lesions.

(2.) That causes capable of producing such neuroses may act while disease is present and should be guarded against.

(3.) Purely psychic causes, as shock, grief, and the like, may pave the way for, if not directly cause, profound pathological disturbance.

(4.) Attention to the psychic is capable under some conditions of so turning the scale to health that it may arrest, even perhaps cure, otherwise fatal pathological conditions.

(5.) Attention to the psychic should be considered a routine measure in the treatment of delirium from toxic causes, as alcohol, belladonna, ether, and the like.

(6.) Attention to the psychic should also be considered a routine measure in the treatment and in the prevention of delirium in febrile states, as of typhoid.

(7.) Nurses should be able to enter into psychic relations with their patients; otherwise the value of their services is much lessened and they may be harmful.

We believe there is a natural law which, if understood and rightly used, greatly increases any person's ability to influence his fellow-men. What this article terms the psychic factor is a necessary attribute of all leaders of men where great good is accomplished. Everyone is familiar with the great victories won by the personal influence of William, Prince of Orange, who was murdered July, 1584, and of whom Motley says,

"Habit, necessity, and the natural gifts of the man had combined to invest him at last with an authority which seemed more than human."

Few people not in the profession realize that a successful private nurse must be a general, ever keen to detect the strongholds of the enemy, and by her natural or improved gifts make them strongholds of friends.

No member of a family is absolutely independent. A nurse who undertook the care of a child failed because she gained the ill-will of the nursery-maid. This maid was the child's hero and leader.

The author says "Nurses should be able to enter into psychic relations with their patients." The nurse must do more than that if she succeed. She must gain the confidence of members of the household who exert a positive influence over the patient.

I have in mind a case in which I believe the nurse was of really great assistance in inducing a patient to live after the consulting doctor had stated to the family that there was no hope. She kept up the courage of the daughter, and used the daughter's influence over her father to make him believe he was getting better. The family physician in that case was a tower of strength to the nurse, and made it possible for her to influence the minds of patient and daughter.

Do physicians in their daily calls see what wonderful powers they possess of helping or harming a nurse's work? Most sick people are such clever observers. Often just a word from the visiting physician helps on or retards the progress of recovery, because it leads them to believe in or to distrust the nurse.

"Do we give this factor enough attention? Are our nurses sufficiently trained in it? No amount of training can qualify the unfit. But training can greatly improve the fit."

How can nurses be trained in this personal influence? Could there be successful psychic-factor class-work with nurses in training?

It seems to me that the only successful training must come from the study of men and women. One gains a liberal education by a few failures. A timely personal suggestion may help. But is there no limit to the responsibility of the training-school? We again quote:

"It is a question whether the average graduate of a small hospital is likely to be better than the average from a large one. Few nurses can rise above the tendency to routinism engendered in the large hospital. So that even if they escape the bane of overwork it is difficult to have acquired all the little delicacies and refinements of nursing which add so much in private practice."

There are many superior small hospitals where daintiness in serving is taught. But not every small hospital has even that virtue to com-

mend it. The variety of cases is of necessity limited in small hospitals, and many graduates of small hospitals make shocking errors in treatment of cases, because constantly called upon to nurse cases not before studied. A small-hospital graduate was sent to an inflammatory rheumatism case, whose hand she pressed so vigorously that the patient did not recover from the first impression for several hours. A woman is obliged to live in this world at least twenty-three years before she can enter the training-school. If during those probationary years she was in the habit of being daintily served, and if habits of personal cleanliness were inculcated or inherited, I firmly believe that she would in the end be a better nurse for the more liberal experiences of a large hospital. If neither daintiness nor cleanliness were a part of her life before the training days, I doubt if even a small hospital could make her acceptable to the public unless it instituted a kindergarten training-school and placed her there at the age of seven.

One criticism passed on large-hospital graduates, "the tendency to routinism," is of special interest to the graduates themselves, because they are accustomed to look at it as one of the strongly beneficial parts of the training. Many of them come to the school without system or sense of time, unable to plan and carry out plans on time. They receive a severe military drill, from which they themselves feel they have derived great benefit. The article comments favorably upon the efforts of one nurse. The many unfavorable criticisms are mainly of the class we have been familiar with in lecture and the printed page since entering the training-school,—unclean hands, dress redolent with bad odors, lack of daintiness in serving, careless personal habits, uninteresting stories, delight in telling experiences on other cases. These criticisms might all be classed under the heading, lack of good breeding. No woman whose ideals were those of truth and beauty would offend in the ways mentioned.

Should the school be held responsible? No. I know of no more aspiring, energetic, untiring workers than superintendents of training-schools. They have organized to disarm criticism by bringing about better results. But they are human, and so far have failed to do the impossible. So far the exact measurements of qualities and attributes to make a successful nurse have not been found. It cannot be based on education, as some uneducated women make most acceptable nurses. A very unpromising applicant often develops most marvellous ability at the end of the second or third year. Some of the nurses who are most successful and popular after graduation had as hard a struggle to be thought worthy of a diploma as did our hero Grant while he was at West Point.

It is not given to any one person to know everything. One of the unknown things is where to draw the line so as never to admit into a training-school a person who will in some way offend, and never refuse one who might be helpful as a graduate nurse.

If a graduate of a theological seminary writes good sermons but fails to please from lack of tact, bad table manners, or boresome stories, the world blames the man, not the school.

THE INTERNATIONAL COUNCIL OF NURSES

By LAVINIA L. DOCK

THE International Council of Nurses is one of the many waves of progress set in motion by the impetus of the enthusiasm and mental ardor generated by the great gathering of women from all parts of the world known as the "International Congress of Women," which met in London in June, 1899.

Phonetic
While the congress was preparing, the Matrons' Council of Great Britain and Ireland passed a resolution and forwarded it to the international secretary, urging that trained nursing for the sick should form one of the subjects for discussion at the congress. Later, at an International Council committee meeting, Mrs. Bedford Fenwick proposed that nursing should form a department of the Professional Section, and this was agreed to. She was further made convener and chairman of this section, with Miss Isla Stewart, Miss Louisa Stevenson, and Miss M. Huxley on the committee to help look after nursing interests.

American and Canadian nurses visiting London at the time of the congress were invited to the banquet given by the Matrons' Council in honor of Mrs. May Wright Sewall and the foreign members. Here the project of international organization was talked of, Mrs. Sewall being, naturally, deeply interested in having women of all occupations take up the council idea of universal friendliness of relation. The next day at the annual meeting of the Matrons' Council, at which several American nurses were present, Mrs. Bedford Fenwick moved and Miss Isla Stewart seconded the following resolution:

"That steps be taken to organize an International Council of Nurses by calling upon the officers and honorary members of the Matrons' Council to form a Provisional Committee, with power to add to their number, to consider the best method of organization."

Mrs. Sewall, who was present, spoke warmly in encouragement and support. After the congress, at a meeting called by Miss Isla Stewart,

the matter was still further talked over and arrangements made for drafting a constitution. Later in the summer this important piece of work was accomplished, and the draft constitution was forwarded to the Provisional Committee members by mail, commented upon and criticised by them, and returned.

Nominations and elections of officers were made in the same way, entailing a great deal of work upon the London members and on Miss Breay, the provisional secretary.

In July, 1900, the Provisional Committee met again in London, and the constitution was adopted and election of officers announced.

The treasurer and secretary were requested to form a committee on organizing a congress of nurses to meet in Buffalo in September, 1901, at the invitation of the Buffalo Nurses' Association, to celebrate the new century.

CONSTITUTION ADOPTED JULY, 1900

PREAMBLE.

We, nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick, and to secure the honor and the interests of the nursing profession.

That we may more successfully prosecute this work we adopt the following constitution:

ARTICLE I.

1. The Federation shall be called the INTERNATIONAL COUNCIL OF NURSES.

OBJECTS OF THE INTERNATIONAL COUNCIL OF NURSES.

- (a) To provide a means of communication between the nurses of all nations, and to afford facilities for the interchange of international hospitality.
- (b) To provide opportunities for nurses to meet together from all parts of the world, to confer upon questions relating to the welfare of their patients and their profession.

ARTICLE II.

HONORARY OFFICERS.

The honorary officers shall be trained nurses, and the elected honorary officers shall be *ex-officio* members of all committees.

1. A president.
2. Honorary presidents: A president of the International Council, having held the office for a full term, shall be made, upon retiring, honorary president of the council, with a vote on the Executive Committee and Grand Council for life.
3. Vice-presidents: The presidents for the time being of national councils of nurses affiliated to the International Council shall hold the position of vice-presidents.
4. Honorary vice-presidents: In all countries where a national council of nurses is not already organized or federated with the International Council, some representative nurse shall be elected by the Executive Committee to represent her country as honorary vice-president of that country in the International

Council until such time as a national council shall be fully organized and eligible for membership in the International Council.

5. Councillors: The councillors shall be the foundation members of the International Council of Nurses.

6. An honorary treasurer.

7. An honorary secretary.

ARTICLE III.

MEMBERS.

Any national council of nurses formed of representative societies and institutions of nurses, provided that their constitution be in harmony with the basis of the constitution of the International Council, may become a member of the International Council, with the approval of the executive, and by the payment of one pound per year for each of the four representatives deputed to act as delegates on the Grand Council of the International Council of Nurses.

ARTICLE IV.

THE EXECUTIVE COMMITTEE.

The Executive Committee shall be composed of the elected honorary officers, the vice-presidents, and honorary presidents.

ARTICLE V.

THE GRAND COUNCIL.

1. The Grand Council shall be composed of four delegates from each national council of nurses and the honorary officers, as defined in Article II.

ARTICLE VI.

MEETINGS OF THE INTERNATIONAL COUNCIL OF NURSES.

The International Council of Nurses shall hold quinquennial meetings, at which the president, honorary treasurer, and honorary secretary for the ensuing quinquennial period shall be appointed. Five shall form a quorum.

At the Grand Council, the honorary officers and the officially appointed delegates who compose the council will alone have power to vote on the business brought before it.

All business to be brought before the council must first be submitted to the Executive Committee as a notice of motion.

ARTICLE VII.

PUBLIC CONGRESS.

At any public congress on nursing convened by the International Council of Nurses, those eligible to vote must be trained nurses who are members of societies affiliated to the International Council of Nurses.

ARTICLE VIII.

FEES.

The annual dues shall be one pound a year per delegate for every society which is affiliated to the International Council of Nurses which has the privilege of representation on the International Council.

ARTICLE IX.

COMMITTEE OF ARRANGEMENTS.

The Executive Committee shall carry out all the arrangements for the quinquennial business meeting, but may depute to a special committee of arrangements in the country where a congress is going to be held the details of its organization.

ARTICLE X.

ALTERATION OF THE CONSTITUTION.

This constitution may be altered or amended by a majority vote of the council at any quinquennial meeting, printed notice thereof having been sent to each member of the council at least three months prior to such meeting.

COUNCILLORS

PRESIDENT.

Mrs. Bedford Fenwick, founder of the International Council of Nurses, late matron and superintendent of nursing, St. Bartholomew's Hospital, London.

HONORARY SECRETARY.

Miss L. L. Dock, late superintendent of Illinois Training-School for Nurses, Chicago, secretary of the American Society of Superintendents of Training-Schools for Nurses.

HONORARY TREASURER.

Miss M. Agnes Snively, lady superintendent General Hospital, Toronto.

GREAT BRITAIN.

Miss Isla Stewart, matron and superintendent of nursing, St. Bartholomew's Hospital, London; president Matrons' Council, Great Britain and Ireland.

Miss M. Breay, late matron of the Metropolitan Hospital, London, and of the English Hospital, Zanzibar; honorary secretary of the Matrons' Council of Great Britain and Ireland.

Miss C. M. Beachcroft, late matron County Hospital, London.

Miss Cureton, lady superintendent Addenbrooke's Hospital, Cambridge.

Miss G. Knight, lady superintendent General Hospital, Nottingham.

Miss M. Mollett, matron Royal South Hants Infirmary, Southampton.

Miss M. Huxley, lady superintendent Sir Patrick Dun's Hospital, Dublin.

Miss L. Bradshaw, lady superintendent Donnybrook Hospital, Dublin.

UNITED STATES OF AMERICA.

Miss A. Nutting, superintendent of nurses and principal of Training-School for Nurses, Johns Hopkins Hospital, Baltimore.

Miss Brennan, superintendent of Nurse Training-School, Bellevue Hospital, New York.

Mrs. Quintard, superintendent of Nurse Training-School, General Hospital, Puerto Principe, Cuba.

Miss Lucy Walker, superintendent of Nurse Training-School, Pennsylvania Hospital, Philadelphia.

Miss Hanna Kindbom, superintendent of Nurse Training-School, John Sealy Hospital, Galveston, and professor of nursing in the University of Texas.

Miss I. Merritt, superintendent of Nurse Training-School, The City Hospital, Brooklyn.

THE DOMINION OF CANADA.

Miss Murray, lady superintendent Royal Victoria Hospital, Montreal.

AUSTRALIA.

Miss S. B. McGahey, lady superintendent Prince Alfred Hospital, Sydney.

Miss M. D. Farquharson, lady superintendent Melbourne Hospital, Melbourne.

NEW ZEALAND.

Mrs. Grace Neill, assistant inspector of hospitals, New Zealand.

DENMARK.

Frue Charlotte Norrie, corresponding secretary of the Danish National Council of Women, formerly engaged in nursing work in Denmark.

"OPPORTUNITY"

By JOHN J. INGALLS

MASTER of human destinies am I;
Fame, love, and fortune on my footsteps wait,
Cities and fields I walk; I penetrate
Deserts and seas remote, and, passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate.

If sleeping, wake; if feasting, rise before
I turn away. It is the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe
Save death; but those who doubt or hesitate,
Condemned to failure, penury, and woe,
Seek me in vain and uselessly implore.
I answer not, and I return no more.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
ISABEL McISAAC

CONVENIENT DIET-LISTS FOR PRIVATE DUTY NURSES

THE introduction of dietetics as a part of the pupil nurse's class work was a long stride in the right direction; but—there is always a but or an if—the step was not long enough, and many nurses find themselves under varying circumstances puzzling over the classification of foods, and wishing for convenient lists which would save a tired, hurried nurse from trying to conjure up what she used to know about the chemistry of foods.

If the diet lessons extended over the full course of training, or the pupil nurse took a long course in a regular cooking-school, the difficulty might be altogether overcome, but at present this is not practicable in most schools, and many a nurse is worried and harassed, not by not knowing how to cook, but by not knowing what to cook.

This question was one of interest to a nurse who spent much time and many inquiries trying to find something which would be at once practical, definite, and valuable.

Long lists of medical books were gone over, doctors invoked for suggestions, clerks in medical book-stores consulted, all without a glimmer of an idea, until upon a lucky day, aimlessly looking over a table full of medical books while waiting for a package, a thin, brown volume, closely resembling an exaggerated bank check-book, bearing the title "Diet-Lists and Sick-Room Dietary. Thomas," was found. Inside, the book was called "A Book of Detachable Diet-Lists for Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhoea, Dyspepsia, Fevers, Gout or Uric Acid Diathesis, Obesity, Tuberculosis, and a Sick-Room Dietary, compiled by Jerome B. Thomas, A.B., M.D." These lists, which Dr. Thomas "offers to the medical profession as a practical aid to the better practice of therapeutics," are equally practical and valuable to nurses. They come in groups, with a key, that the doctor may tear out the one suited to a particular case and leave it with the family or nurse. The book in its present shape is not convenient for nurses, and the per-

mission of the publisher, W. B. Saunders, of Philadelphia, was kindly given to print the lists in this form for the use of nurses.

The Sick-Room Dietary is partly omitted.

ALBUMINURIA

GENERAL RULES.

Take readily-assimilable foods that leave a small amount of nitrogenous waste-matters to be eliminated by the kidneys. Danger in over-feeding.

MAY TAKE:

Soups.—Arrowroot soup with onions, milk soups with rice, tapioca, or vermicelli.

Fish.—Fresh white fish, raw oysters, clams.

Meats (very little).—Very little red meats, mostly the white kinds; chicken, game, fresh pork, bacon, calf's head, ham.

Eggs.—

Farinaceous.—Wheaten bread, hominy, rice, toast, oatmeal, gruels, arrowroot, tapioca pudding, sago.

Vegetables (in plenty, well cooked).—The green sorts generally; spinach, summer or green cabbage, turnip tops, mushrooms, celery, salads, rhubarb, cresses, lettuce, onions.

Dessert.—Milk and rice puddings, stewed fruits, raw fruits (especially laxative), fruit jelly.

Beverages.—Weak tea, peptonized milk, plenty of pure water, milk, koumiss, barley-water, hot water an hour before meals, buttermilk, Bordeaux, and seltzer. *Mineral Waters*—Bethesda, Clysmic, Berkeley, Gettysburg, Poland, Highland Spring, Vittel, Wildungen, Vals, Bath.

Stimulants.—

MUST AVOID:

Soups, fried fish, cooked oysters, beef, mutton, lamb, corned beef, veal, turkey, hashes, stews, made dishes, sauces, spices, potatoes, peas, beans, lentils, pies, pastry, cheese, new bread, cakes, ices, sweets, coffee, tobacco, malt liquors, spirituous liquors.

ANÆMIA AND DEBILITY

GENERAL RULES.

Generous, nutritious diet is important. Readily-digested food should be given often and in small quantities.

MAY TAKE:

Soups.—Broths, all kinds. May add macaroni or vermicelli. Thick soups.

Fish.—All fresh fish, raw oysters.

Meats.—Chopped or scraped, raw or rare, mixed with broths, chocolate, or Burgundy and water, or made into sandwiches. Ham, broiled bacon, beef-juice, mutton, chicken, game, cod-liver oil as food, butter plentifully, Mosquera's beef-meal.

Eggs.—Soft-boiled, poached, scrambled, raw beaten up with sherry or with whiskey.

Farinaceous (*give in plenty unless indigestion*).—Bread, cakes, tapioca, sago, groats, barley, hominy, cracked wheat, graham grits, rolled oats, rolled rye, corn meal, malt extracts.

Vegetables.—Most kinds, well boiled or as purées.

Dessert.—Sweet fruits, custards, calf's-foot jelly, fruit jam, jellies, baked apples, baked pears, prunes, marmalade, egg-and-milk pudding.

Beverages.—Carbonic water, ozonized water, milk, cream, chocolate, cocoa, peptonized milk, malted milk, koumiss, kefir. *Mineral Waters*—Poland, Highland Spring, Oak Orchard, Richfield, Sharon, White Sulphur, Saratoga, Homburg, Kissingen, Royat, Bath, Vichy, Apollinaris.

Stimulants.—

MUST AVOID:

Pork, veal, greasy hashes, salt meat, except ham; made dishes, thin soups, cabbage, cucumbers, turnips, carrots, squash, pickles, spices, pies, pastry, pineapple, bananas.

CONSTIPATION

GENERAL RULES.

Use foods that leave a bulky residue to stimulate the muscular coat of the intestines.

MAY TAKE:

Soups.—Broths, oyster soup, sorrel soup.

Fish.—All kinds boiled. White sorts broiled. Sardines in oil.

Meats.—Most kinds, poultry, game, etc.

Farinaceous.—Brown or graham bread, gingerbread, oatmeal porridge, bran bread, bran pudding, wholemeal bread, corn bread.

Vegetables.—Most fresh varieties, well boiled. Spinach, boiled onions, brussels sprouts, cauliflower, salads with oil, lettuce, asparagus, tomatoes, salsify, celery.

Dessert.—Figs, prunes, tamarinds, baked apples, oranges (on rising), melons, grapes, raisins, stewed fruits, honey or treacle.

Beverages.—Glass of water, preferably hot, drunk on rising (add salt to taste). Pure water in plenty, black coffee, cocoa, lemonade, beer, ale. *Mineral Waters*—Richfield Springs, Crab Orchard, Bedford, Sara-

toga, Hunyadi, Carlsbad, Rubinat, Friedrichshall, Kissingen, Villacabras, Puellna.

Stimulants.—

MUST AVOID:

Pork, veal, goose, liver, hard-boiled eggs, salt meats, salt fish, peas, beans, nuts, pineapples, new bread, pastry, pickles, cheese, spirituous liquors, milk.

DIABETES

GENERAL RULES.

Reduce to a minimum all starches and sugars. Increase animal diet and fats. Avoid eating any starchy or sugary condiments to foods. Drink water freely to eliminate sugar. Substitute saccharin for sugar.

MAY TAKE:

Soups.—Consommé of beef, veal, chicken, turtle, terrapin, oyster, and clam without flour. Chowder without potatoes; mock turtle, mulgatawny, tomato, gumbo fillet.

Fish.—All kinds; lobster, oysters, clams, terrapin, shrimp, crawfish, soft-shell crabs. No sauces containing flour.

Meats.—Preferably fat. Cooked in any way except with flour. Poultry, calf's head, kidneys, sweetbread, ham, tongue, sausage, hash (without potatoes), pig's feet, tripé, eggs, all kinds of game (not breaded).

Relishes.—Pickles, radishes, sardines, anchovies, celery, olives.

Farinaceous.—Gluten bread, gluten gems, gluten porridge, fried gluten mush, gluten wafers, gluten griddle-cakes, almond bread and cakes, charred bread, bran cakes, soya bread. May substitute potatoes for bread. Substitute gluten for flour in soups and gravies.

Vegetables.—Truffles, lettuce, romaine, chickory, cucumbers, spinach, sorrel, beef-tops, cauliflower, cabbage, brussels sprouts, dandelions, tomatoes, oyster plant, onions, string beans, watercresses, asparagus, artichoke, parsley, mushrooms; all kinds of herbs; sauerkraut.

Dessert.—Almonds, hazelnuts, walnuts, cocoanuts, acid fruits, lemons, currants, cream custards, cheese, jellies, and ice-cream sweetened with saccharin or glycerin. In cooking acid fruits neutralize acidity with bicarbonate of soda or potash.

Beverages.—Tea and coffee without cream or sugar, buttermilk, koumiss, skim-milk, plain soda, red wine, dry sherry, Bass' ale or bitter beer, claret, Burgundy. All in moderation. *Mineral Waters*—Alkaline and alkaline calcic, Saratoga, Waukesha, Bethesda, Poland, Highland

Spring, Londonderry Lithia, Buffalo Lithia, Hudor Lithia, Aquazon, Vichy, Apollinaris, Carlsbad, Ems, Marienbad.

Stimulants.—

MUST AVOID:

Liver, wheat bread, corn flour, rice, sago, arrowroot, barley, oatmeal, tapioca, macaroni, puddings, beet-root, sweet vegetables, potatoes, carrots, peas, beans, parsnips, turnips, all sweet fruits, apples, pears, plums, grapes, oranges, apricots, peaches, gooseberries, dates, watermelon, sweet wines, cordials, porter, lager beer, cider, mustard, honey, sweets, ices, jams, treacle.

RECEIPTS FOR USE OF GLUTEN FLOUR.

Gluten Bread.—Less yeast is required than with starch flour, and less time in the raising process; very sour or old yeast should never be used. Take one quart of sweet milk or milk and water, one heaping teaspoonful of good butter, one-half cake of any fresh dry hop yeast, or one-fifth of a two-cent cake of compressed yeast, beaten up with a little water, and two eggs, well beaten. Stir in gluten till a soft dough is formed—about the consistency of a baking-powder biscuit. Put in pans to raise, and when light bake in a hot oven.

Gluten Griddle-Cakes.—For two persons beat up nicely one egg, add a pint of water, a little salt, and stir in gluten to make a batter, much thicker than wheat flour griddle-cake batter is usually made. Previous to adding the gluten, mix with it thoroughly a slightly heaped tablespoonful of baking-powder. Stir in two or three ounces of good butter.

Gluten Gems.—Put the batter prepared as above into very hot, well-buttered gem-pans, and bake without burning in quick oven. It takes somewhat longer to bake these than other gems.

Two, Two, Two Gems.—Stir two cups of gluten, two eggs, and a trifle of salt into two large cups of sweet milk or cream. Beat all well together, pour into very hot gem-pans, and bake in quick oven.

Gluten Porridge is made by stirring the gluten into boiling water until thick enough, and then keeping up the boiling process for fifteen minutes. A little salt and butter are added at the close to improve the flavor, and it may be eaten with milk or cream.

Gluten Cream Wafers.—Stir gluten (crude or purified) into sweet cream until the dough is thick enough to roll out to the thickness of pasteboard. A little salt may be added if desired. Cut in any form and bake to a delicate brown.

For Soups and Gravies.—Gluten is better than flour. It is frequently delicately browned for these purposes.

Biscuit of Bran Flour.—To one-quarter of a pound of flour add three or four fresh eggs, one and a half ounces of butter, and half a pint

of milk; mix the eggs with a little of the milk, and warm the butter with the other portion; then stir the whole together well; add a little nutmeg or ginger or other agreeable flavoring, and bake in small forms or patterns. The cake, when baked, should be about the thickness of an ordinary captain's biscuit. The pans must be well buttered. Bake in rather a quick oven for half an hour. These cakes or biscuits may be eaten with meat or cheese for breakfast, dinner, or supper; at tea they require rather a free allowance of butter, or they may be eaten with curd or any soft cheese.

DIARRHCEA

GENERAL RULES.

Avoid foods that ferment easily and those that leave an undigested residue behind, thus causing intestinal irritation. Take food in small quantities and at regular intervals.

MAY TAKE:

Soups.—Milk soup.

Meats.—Scraped beef or mutton, pounded raw meat, sweetbread, beef-juice, liquid peptonoids, Mosquera's beef-meal.

Eggs.—Raw white of egg with water, lightly boiled, poached.

Farinaceous.—Crackers, toast, macaroni, rice boiled with milk, arrowroot, tapioca, sago, gruel boiled for two or three hours, flour-ball boiled for two or three hours with milk. May add brandy or port wine to arrowroot or gruel.

Dessert.—Milk foods, milk, egg pudding not sweet, hasty pudding with flour and milk.

Beverages.—Sterilized or pasteurized milk, skim-milk, milk with lime-water, peptonized milk, strong tea, lactic-acid water, toast-water, rice-water, koumiss, egg lemonade. *Mineral Waters*—Alleghany Springs, Berkeley Springs, Bethesda Springs, Gettysburg Springs, Vittel, Wildungen, Bristol.

Stimulants.—

MUST AVOID:

Vegetables, soups, new bread, brown and graham bread, oatmeal, fruits cooked or raw, fried foods, fish, sugary foods, made dishes, nuts, salt meats, veal, pork.

DYSPEPSIA

GENERAL RULES.

Small meals taken at regular intervals. Punctuality is of great importance. Masticate thoroughly; eat slowly and temperately.

MAY TAKE:

Soups.—Small quantity. Clear soups of beef, mutton, oyster. A little vermicelli or tapioca may be boiled with these. Cream pea soup, pea and tomato soup, hominy and bean soup.

Fish.—Oysters and little-neck clams in any form except fried. Weak fish, white fish, shad, cod, perch, trout, bass, smelt, fresh mackerel.

Meats.—Meat-juice, roast or broiled beef, mutton, chicken, tripe, calf's head, venison, tongue, sweetbread.

Eggs.—Raw, soft-boiled, poached, omelette, combined with chicken or oysters; eat dry toast or stale bread with eggs.

Farinaceous.—Bread at least one day old; brown bread, toast, rye, gluten, and graham bread, zwieback, crackers, cream crackers, cracked wheat, rice, sago, tapioca, macaroni, arrowroot, corn meal, hominy, wheaten grits, graham grits, vermicelli, rolled rye, rolled oats, rice cakes, browned rice, baked flour.

Vegetables (best made into purée by passing through a colander or mashing).—Greens, spinach, lettuce, water-cresses, French beans, sweet corn, green peas, asparagus, celery, artichokes, baked tomatoes, potatoes (but little).

Dessert.—Fruit, rice, tapioca, Indian, and farina puddings, custards (rice, snow, rennet, sponge cake, floating island), orange charlotte, gelatin creams, blanc mange, baked and stewed apples and pears, grapes, and all ripe fruits except bananas and pineapples. No rich sauces.

Beverages (drinks should mostly be taken near the end of meals).—Hot water before meals, milk, lime-water, Vichy, weak tea (one-half ounce to the pint), koumiss, weak cocoa, peptonized cocoa and milk, buttermilk, acid wine, if acidity. Black coffee and lemon-juice on first rising. *Mineral Waters*—Carbonic water, Congress, Hathorne, Ballston, Kissingen, Apollinaris, Poland, Highland Spring.

Stimulants.—

MUST AVOID:

Rich soups and chowders, all fried foods, veal, pork, liver, kidney, hashes, stews, pickled and corned meats, preserved and potted meats, turkey, goose, duck, sausage, salmon, salt mackerel, bluefish, sturgeon, eels, shrimps, sardines, lobster, crabs, cabbage, cauliflower, cucumbers, string beans, parsnips, egg plant, turnips, carrots, squash, oyster plant, sweet potatoes, beets, pastry, pies, made dishes, nuts, dates, jams, dried and candied fruits, candies, cheese, strong tea, ice-water, malt liquors, sweet and effervescent wines, spirituous liquors.

FEVERS

GENERAL RULES.

Mostly liquids in small quantities and often; partially digested food; never give anything that cannot pass through the fine mesh of a sieve; give more in the morning than in the evening. Loss of appetite should be respected in the acute stage. Utilize periods of remission.

MAY TAKE:

Soups.—Raw-meat juice, clam broth, chicken broth, vegetable broths, mutton broth, broth with egg, broth of gelatin, beef-tea, clear soups, fruit soup.

Eggs.—Beaten up with water or stimulants.

Foods.—Peptonized milk, malted milk, Mellin's food, Nestle's food, liquid peptonoids, flour-ball with milk, milk toast, arrowroot, Indian meal gruel, oatmeal gruel, ground rice, Mosquera's beef-meal, pounded raw meat, oysters; in convalescence meat and calf's-foot jellies.

Beverages.—Skim-milk alone (one and one-half quarts to two and one-half quarts in twenty-four hours), buttermilk, whey, koumiss, barley-water, rice-water, toast-water, jelly-water, gum-arabic water, plain soda, lemonade, fruit juices, egg lemonade, eggnog, cocoa. *Mineral Waters*—Carbonic water, ozonized water, Vichy, Apollinaris, Seltzer, Poland, Highland Spring.

Stimulants.—

MUST AVOID:

All solid foods until the temperature has remained normal for days.

GOUT OR URIC ACID DIATHESIS

GENERAL RULES.

Diet liberal, but not stimulating; moderation in animal foods; guard against foods having a tendency to produce acid in the system, such as starches, sugars, fats, and fermented liquors.

MAY TAKE:

Soups.—Clear soups, vegetable soups, weak beef-tea, broths.

Fish.—Fresh fish, raw oysters.

Meats (to be taken once a day only, white kinds mostly).—Mutton, chicken, ham, bacon, underdone roasts, sweetbread, pigeon, brains, pigs' feet, venison.

Eggs (in moderation).—Whites of eggs, raw, stirred in drinks.

Farinaceous (small quantities).—Toast, stale bread, bread from

whole wheat, rye bread, milk toast, rice, zwieback, graham gems, graham flakes, rye gems, soup sticks, crackers, hominy.

Vegetables (fresh green varieties).—Celery, lettuce, watercress, cucumbers, onions, cabbage, salads, a little baked potato, young peas, string beans, spinach.

Dessert.—Oranges, lemons, cranberries, apples, apricots, pears, peaches, cherries, jellies, blanc mange, honey, ices (not after meals), stewed or roasted fruit.

Beverages.—Water plentifully, plain soda, milk, buttermilk, weak tea or coffee (no sugar), toast-water, lime-juice, lemonade. *Mineral Waters*—Saratoga Vichy, Berkeley Hot Springs, Virginia, Lithia Waters, Crab Orchard, Bethesda, Carlsbad, Friedrichshall, Puellna, Villacabras, Marienbad.

Stimulants.—Moselle, light Hock, Bordeaux in small quantities and diluted.

MUST AVOID:

Rich soups, hard-boiled eggs, fried and made dishes, entrées, pickles, spices, veal, turkey, duck, goose, salmon, lobster, crab, preserved, dried, and salt meats, salt fish, pickled pork, asparagus, peas, beans, tomatoes, mushrooms, truffles, dried fruits, preserves, pies, pastry, rich puddings, patties, new bread, cheese, sweets, omelettes, sweet wines, strawberries, rhubarb, cider, fermented drinks, beer.

OBESITY

GENERAL RULES.

Avoid sugars, starches, and excess of fat-forming foods. A certain amount of fat with the food is essential.

MAY TAKE:

Soups (very little).—Chicken broth, oyster soup, clam broth, thin beef-tea.

Fish.—All kinds except salt varieties, salmon or bluefish.

Meats (once a day only).—Lean beef, mutton, chicken, game.

Eggs.—Boiled and poached.

Farinaceous.—A limited amount of dry toast, gluten biscuits, beaten biscuits, zwieback, Vienna rolls, soup sticks, crusts, graham gems, hoe-cakes.

Vegetables (fresh).—Asparagus, celery, cresses, cauliflower, greens, spinach, lettuce, white cabbage, tomatoes, radish, very little, if any, potatoes.

Dessert.—Grapes, oranges, cherries, apples, peaches, berries, acid fruits.

Beverages.—Limited quantity of water, tea, coffee (no sugar or milk), light wine diluted with Vichy. *Mineral Waters*—Avon Springs, Richfield Springs, Crab Orchard, Londonderry Lithia, Hunyadi, Carlsbad, Friedrichshall, Rubinat, Puellna, Villacabras.

MUST AVOID:

Fats in excess, beverages in excess, thick soups, salmon, bluefish, eels, herrings, salt fish, pork, veal, sausage, spices, hominy, oatmeal, macaroni, potatoes, parsnips, turnips, carrots, beet-root, rice, currants, puddings, pies, cakes, sweets, milk, sugar, malt and spirituous liquors.

SCHEMES OF MEALS.

EBSTEIN.

Breakfast.—One cup of black tea. Two ounces buttered toast.

Dinner (at noon).—Shinbone soup. Four to six ounces of well boiled or roasted fat meat with gravy. Peas, beans, cabbage, in moderation. Salads, fresh fruits or dried fruits with sugar. Moderate amount of black tea and light wine.

Supper.—One cup of black tea. One egg or fish (may substitute ham or other fat meat). One ounce of well-buttered bread. A little cheese and fresh fruit.

DUJARDIN-BEAUMETZ.

Breakfast.—Bread-crust, three-fourths of an ounce. Cold meat, one and a half ounces. One cup weak tea, without sugar.

Luncheon.—Bread, one and a half ounces. Meat, three ounces, or two eggs. Fresh vegetables, three ounces. Salads, cheese, one-half ounce. Fruit to taste.

Dinner (in the evening, no soup).—Similar to lunch, plus bread one and three-fourths ounces, meat three ounces.

S. WEIR MITCHELL.

Milk eight ounces and one egg every three hours (when awake) for twenty days; no other food or drink; then gradually enlarge dietary.

TUBERCULOSIS

GENERAL RULES.

Eat as much as can possibly be digested, mostly fatty and nitrogenous foods. It is important to take food between meals and before going to bed. Do not have meals more than three hours apart.

MAY TAKE:

Soups.—Bouillon, clam broth, chicken broth, mutton broth, barley, rice, bean and pea broth, beef-juice and tea, oyster soup, turtle soup.

Fish.—Fresh fish, codfish, raw oysters.

Meats.—Beef raw, underdone, scraped or pounded; roast mutton, lamb chops, poultry, game, bacon, ham, sweetbread, Mosquera's beef-meat, beef-juice, liquid peptonoids.

Eggs.—All ways but fried. Beat with milk, whiskey, or sherry.

Farinaceous.—Wheat bread, Indian-meal bread, with plenty of butter, oatmeal, malt extracts.

Vegetables.—Onions, tomatoes, string beans, spinach, asparagus, lettuce, cresses, celery, greens, peas, rice well cooked.

Fats and Oils.—Mutton, beef, butter, cream, olive and cod-liver oil.

Dessert.—Tapioca and sago puddings, farina, floating island, custards, all fruits, cheese, butter-scotch.

Beverages.—Ozonized water, carbonized water, hot water or hot Vichy water (one pint an hour before meals), lemonade, ginger ale, malt preparations, milk, cream, koumiss, cocoa, chocolate. *Mineral Waters*—Alkaline, iron, and sulphur. Oak Orchard Springs, Richfield Springs, Lower Blue Lick, Green Brier, White Sulphur Springs, Red Sulphur Springs, Aix la Chapelle, Homburg, Franzensbad, Cheltenham.

MUST AVOID:

The excessive use of farinaceous, sugary, or starchy foods; pork, veal, hashes, salt fish, lobster, bluefish, turnips, beets, potatoes, cucumbers, cabbage, parsnips, carrots, macaroni, sphaggetti, arrowroot, corn-starch, hot bread and cake, all fried foods, made dishes, gravies, sweets, pies, and pastry.

PRIVATE NURSING, FROM A NURSE'S POINT
OF VIEW

By JOSEPHINE HILL

THERE is so much to be said on the subject of private nursing, and so many sides from which it may be viewed, that I will leave untouched all sides except that of a happy relation between patient and nurse. All well-trained nurses know, of course, what is necessary to do or not to do in the sick-room, so it is not the nurse professionally with whom I am talking, but the woman individually. I think that to win the confidence, and even the affection, of a sick person, is equally as important as fulfilling

the few desultory orders of the physician. To feel on taking charge of your patient that she is a human being, and not a stereotyped patient, and that you are a woman, and not a hospital machine, is a quick way of establishing a feeling of comfortable sympathy between the two. If young women who graduate from the hospitals could always remember that their training has been for the purpose of making them more skilful in the handling of the sick and more intelligent in their professional attentions, and *not* to obtrude iron-clad rules, they could be happier in their work, and there would be less friction between patient and nurse. If one of our own flesh and blood were ill, and her nurse should be over-conscientious in adhering to rules, to the detriment and happiness of her patient, how indignant we would be. Then why not apply the idea to one's self and one's work. In short, make your patient comfortable and happy, even if it involves breaking a so-called rule or going contrary to the orders of the physician. He would be the first to recognize and appreciate your faculty of treating circumstances as they arise. To find out the temperament and idiosyncrasies of your patient and never to run against them; to humor her whims, remembering that you have whims, too, and like to be humored; and if the worst comes to the worst, imagine the case reversed, and yourself in the sick-bed. Realizing that you have the best of it, you can afford to be generously indulgent. If we think of Charles Reade's "Put Yourself in His Place" it will often smooth over a rough place, and silence a sharp reply.

"WHAT will the nomadic and restless-minded modern nurse think of the periods of service given in hospitals abroad? The record of the recent resignation of three of the London Hospital 'Sisters,' after holding their positions respectively seventeen, twenty, and thirty-seven years, speaks eloquently of faithful devotion and serenity in forgetfulness of self."

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

As the object of this department is to be of use to all interested in children, their care, training, etc., and as last month's paper was more especially intended for mothers, I would like this paper to appeal to those women who are contemplating taking up the profession of nursing.

The impression of many who are anxious to become nurses is that they are wasting their time in spending it with children. Such remarks as, "Only a children's nurse," "Only trained in a children's hospital," often come to my ears, and I can assure those who make them that they are laboring under a strange delusion, for no time is wasted that is spent in the care of little ones, but, rather, an experience is gained that is of great advantage in both a worldly and a higher sense. Looking at it from a worldly stand-point, the experience gained will be of marketable value, for one of the chief requisites of the successful nurse is adaptability, and that is acquired more thoroughly in the care of children than in any other way. As a celebrated physician once said, "The woman who nurses a child nurses the *patient*; the one who nurses an adult nurses the *disease*." If such is the case, the result will show on the face of it.

Then for the unselfish side. "In helping others we help ourselves." It affords opportunities for the development of character in these little ones, who come to us perfectly untrained. Undisciplined and spoiled children are not confined to the homes of the rich. The examples that may be set, the lessons that may be taught, we who are with them know, and also know the responsibilities, and when we fail we must admit it is because of our failure to realize these responsibilities.

SOME PRACTICAL HINTS AS TO THE MANAGEMENT OF CHILDREN

By CHRISTIE FRASER

A QUESTION of considerable importance to nurses, and especially to those who have, fortunately, chosen a children's hospital as a training-school, is how to manage unruly children, and particularly those where the home influence has been nothing more or less than a street influence.

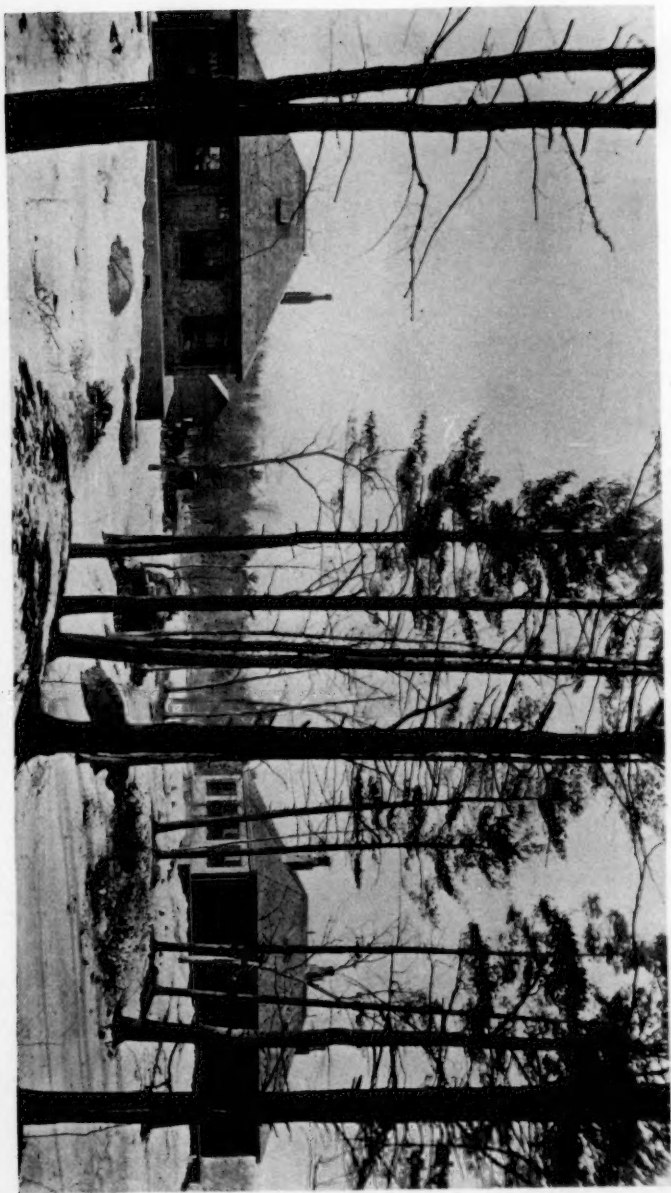
Unruly children are difficult to manage in any surroundings, but a great deal more so in a hospital, and the poor nurse is often taxed to the limit of her capacity in dealing with such cases.

As a first suggestion, gain the child's confidence; in fact, one is handicapped until this is accomplished, as it means either success or failure. This is a task the nurse must allot herself. In some cases it may appear difficult and even useless, but in a very short time the least mentally developed and most neglected child understands that its nurse is to be trusted. This trust is reciprocated in the child and his confidence is gained.

Treat the child kindly but firmly, as kindness without firmness is no kindness either to child or nurse. Make the child realize what is said is meant; never threaten without fulfilling the threat, because no matter how young a child is, he soon understands whether or not the punishment is to be inflicted.

When a child does right, either purposely or accidentally, give him your approval and your smiles, but be sure they are not wasted. Study your individual and work on the better nature, because every one has a spark of goodness, latent though it may be, not yet having had its appeal. If you find kindness a failure,—but be very loath to say so,—then the child must be kindly punished and made to suffer for his wrongdoing. First deny him the privileges which you know he enjoys, as rendering little services to the nurse, as filling her pin-cushion; if an up-patient, running little errands which gladden the child's heart; and many other child pleasures which present themselves in the busy ward, monotonous, sometimes, for the child patient. If this fails, make him feel his disgrace still more; show him he has lost your confidence, but hold out to him the possibility and means of regaining it. Failing even in this, then put the child in seclusion. Make him understand you are doing this for his sake as well as for his companions, as his example will be very detrimental in a ward. In the meantime, use the same unchanging kindness and never-failing firmness with the unruly one, until you are fully convinced he is properly repentant and resolved to do better. Never grow impatient or lose your temper with the child, for if you do you lose the child's confidence and your power over him, as well as your own self-respect and dignity. Having once punished a child, the offense is forgiven and should be forgotten.

A good motto in dealing with children is, "Make haste slowly."



THE BROOKLINE ISOLATION HOSPITAL



CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF
M. E. P. DAVIS

To the majority of the nursing profession, as well as to the non-professional masses, we may venture to say that the important subjects to be treated in this department from their very nature are almost fallow ground.

Having to do largely with scientific research and experiment, writers for scientific or professional journals have heretofore gone quite over the heads of ordinary mortals, or their explanations are too deep and intricate to be easily understood or applied by them.

It is our aim and purpose to give our readers papers by well-known authorities, demonstrating the possibilities of their theories and research by scientific and practical tests, reduced to their simplest, most comprehensible, and most practicable forms. The construction, sanitation, and hygiene of all places where people pass their waking hours or sleep; the home, the hospital, the prison, the factory, the school, the public bath, the street, the storage of foods, the housing of domestic animals, —everything that has a bearing, direct or indirect, on the health, character, comfort, or happiness of the people,—will be discussed, demonstrated, and their practical possibilities made known through these columns.

Primarily the enlightenment of the profession was the moving cause of the establishment of this department, but we claim for it in no way a monopoly of this enlightenment, our intention being to benefit the layman equally with the nurse.

THE BROOKLINE, MASSACHUSETTS, ISOLATION HOSPITAL

By H. LINCOLN CHASE, M.D.

THE present hospital, one of the pioneers of its kind in the towns and smaller cities of this country, consists of a two-story building for small-pox patients, a building for diphtheria patients, also one for scarlet-fever patients.

Before this description appears in print, however, an additional wooden building for convalescents from diphtheria will be in use.

The small-pox building, for which Dr. George K. Sabine drew the sketch plans, was hastily put up during an outbreak that occurred nearly twenty years ago, but it was not used until the winter of 1893-94, when two patients were taken there. It consists of two large rooms for patients, a kitchen, and a small bedroom. About six patients could be comfortably accommodated, but no one claims for it any special hospital features.

In 1894 the town recognized the importance of providing for the prompt and complete isolation of cases of diphtheria and of scarlet fever, and accordingly, at the annual town meeting, it voted to appropriate five thousand dollars asked for by the Board of Health to construct suitable buildings for the isolation and care of persons ill with dangerous contagious diseases. Under this vote the board constructed, in one of the least densely populated parts of the town, two buildings, a safe distance apart and sufficiently remote from all other buildings. They were placed on high ground, in a location of considerable natural beauty, and with space about them for the erection of additional buildings in the future. Dr. Abbott, secretary of the State Board of Health, who visited the proposed site with the writer, said the town was to be congratulated on owning so desirable a lot of land for such a purpose.

The Building Committee consisted of Messrs. Horace James and Tucker Daland, of the Board of Health, and the writer. Expecting that the hospital would very seldom be needed, and then for but very few patients, no architect was employed, and two fairly comfortable little hospitals, of very simple design, were built. The buildings are of wood, single story, pavilion style, each having two small four-bed wards, with a hallway through the middle of the building, a bedroom for the nurses, a kitchen, cellar, and attic, and can each comfortably accommodate eight patients, if mostly children; in warm weather, however, when it has seemed absolutely necessary, a larger number has been taken care of, but never consistently with the best welfare of the patients. This has been found especially true when a number of the patients were adults. The buildings were planned with attention to securing natural ventilation and abundant sunlight in every room. The walls are plastered and covered with Windsor cement, and all the rooms have open fireplaces, but rely for additional heating on small stoves in each room. There are ample uncovered piazzas and a small separate building that serves for the storing of fresh clothing and also for the sheltering of the formaldehyde disinfecting cabinet and the ambulance.

At one end of the scarlet-fever pavilion are two rooms wholly

separated from the rest of the building. One of these can serve as a probation ward and the other as its kitchen, or both can be, and, in fact, have been, used for an overflow of diphtheria patients, each room accommodating four or five children. These hospitals, though not constantly needed, are kept ready for almost immediate use, and have proved extremely valuable for the prompt isolation and proper care of cases of diphtheria and scarlet fever appearing in crowded tenements and in boarding-houses, not to mention quite a number of domestics and other adult patients.

In the diphtheria epidemic, however, of a year ago, these accommodations proved so unequal to the demands upon them, that steps were taken to provide a hospital that in every respect should meet the requirements in a threatened or actual epidemic, in a town of the population and character of Brookline.

A committee was appointed consisting of Messrs. James and Merrill, of the Board of Health, with its bacteriologist, Dr. Francis P. Denny, and the writer, to consider and report on the needs of the hospital.

On the request of the two medical members of the committee, the board authorized them to consult with Dr. John H. McCollom, superintendent of the Contagious Department of the Boston City Hospital, as to the requirements of such a well-planned hospital as they proposed to have built, and from him suggestions of much value were received. They also visited the contagious hospitals of Boston, Worcester, Cambridge, Newton, and other places, and gathered considerable practical knowledge of the subject before submitting to the architect the sketch plans of the committee for the new buildings.

Within recent years, as the readers of this publication are aware, the principles of hospital construction, and especially of those for infectious diseases, have undergone radical changes, and the need has become recognized of special knowledge for their successful arrangement and construction, if the best welfare of the patients, and, indirectly, that of the whole community, is to be secured.

At present the diphtheria hospital and the probation ward and its kitchen are occupied by twenty-one diphtheria patients and attendants, while two or three patients in a crowded tenement district are on the waiting list. Mrs. Bertha A. Ellis is acting as head nurse, and is assisted by Mrs. Lord and Miss Doolin.

When the architect's plans and specifications for the new buildings, in which are being incorporated everything requisite in such a hospital, have been completed and accepted by the town, another cut and description of Brookline's Isolation Hospital, the writer believes, will be of much greater interest and value than what is here presented.

EDUCATIONAL

IN CHARGE OF
ISABEL HAMPTON ROBB

HOSPITAL ECONOMICS

(Concluded) *p29*

In the October number of the JOURNAL, the prospectus of the Course in Hospital Economics * appeared, together with the syllabus of the special lectures on Hospital Economics.

The following syllabus of the elective courses in the department of Domestic Science will give an idea of the ground covered by the students in whichever courses in Domestic Science they may select.

DOMESTIC SCIENCE.

I.—FOODS.

This course gives theory and practice in cooking, and aids the student in arranging subject-matter for teaching. Especial attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school kitchen.

OUTLINE OF TOPICS.

- I. Food materials: 1. Composition. 2. Classification.
- II. Relation of food to the body: 1. Digestion. 2. Assimilation.
- III. Preparation of food: 1. Heat in cooking. (1) Production: *a*, fuels; *b*, cooking apparatus.
- IV. 2. Application: (I.) Cooking processes. *A*, experiments to determine temperature; *B*, utensils. (II.) Food combinations: 1. Materials: (1) Non-nitrogenous—*a*, starchy substances; *b*, cereals; *c*, fruits; *d*, vegetables, starchy and green; *e*, bread stuffs; *f*, sugar; *g*, fats. (2) Nitrogenous—*a*, gelatine; *b*, milk; *c*, eggs; *d*, shell-fish; *e*, fish; *f*, poultry; *g*, meat, *h*, beans, peas, and lentils. (3) Miscellaneous—*a*, salads; *b*, desserts; *c*, fancy dishes; *d*, beverages. 2. Treatment: (1) Proportion. (2) Methods of mixing. (3) Application of heat. (4) Food adjuncts.

* Teachers' College, Columbia University, New York.

II.—FOOD PRODUCTION AND MANUFACTURE.

Production of food materials, such as dairy products; manufacture of flours, cereals, spices, etc.; food adulterations; marketing, etc. Lectures, laboratory work, reading, excursions.

III.—FOODS, ADVANCED COURSE.

Advanced cookery; preservation of foods; cookery for invalids; food values and dietaries; cooking, planning, and serving meals.

OUTLINE OF TOPICS.

I. Preservation of food.

II. Fancy dishes: 1. Pastry. 2. Desserts. 3. Entrées.

III. Meals and dietaries.

IV. Cookery for invalids and children.

In Domestic Science I., II., and III. the work is constantly considered from the teacher's point of view, so that the courses really give training in:

IV.—HOME SANITATION AND MANAGEMENT.

This course is of particular value in relation to private duty.

General Outline of Course.

I. The House: 1. Situation. 2. Structure. 3. Equipment. 4. Cleansing.

II. Economics and Management: 1. Systematic arrangement of housework. 2. Laundry. 3. Expense and accounts. 4. Domestic service. 5. Home nursing.

PARTIAL OUTLINE OF SPECIAL TOPICS.

Structure of the House. City, Country, and Suburban.

1. Above ground: (1) Admission of sun—*a*, how should the house face? *b*, shade of trees and buildings. (2) Protection from prevailing winds.

2. The soil: 1. Character of soil. 2. Slope. 3. Sub-strata.

Structure.—First Lesson.

I. Foundation: (1) Drainage of soil—*a*, from underground damp; *b*, from local rain. (2) Structure of floor and wall—*a*, what material; *b*, how laid. (3) Inner finish—floor; wall; ceiling. (4) Ventilation. (5) Lighting.

Superstructure.—Second Lesson.

I. Plan: (1) Special considerations. 1. Single room. (1) Proportions—*a*, width and length; *b*, height. (2) Wall space. A. Win-

dows—*a*, position; *b*, size. B. Doors—*a*, position; *b*, size. C. Fire-place. 2. Relation of rooms to each other. (1) Convenient passage. (2) Economy of space. A. Chimneys. B. Entry or hall. C. Stairways. D. Closet-room.

II. Application of special consideration: 1. Single house. (1) Ground floor. (2) Upper floor. 2. Double house. (1) Basement. (2) First floor. (3) Second floor.

References for Reading, Teachers' College Library.

Convenient Houses. Louis H. Gibson.
Cottage Building. C. Bruce Allen.
The Story of a House. G. M. Towle.
Public Health.
Dwelling Houses. W. H. Corfield.
Sanitary House Inspection. Gerhard.
Pamphlets in Cooking Laboratory.

Superstructure.

II. Construction: (I.) Framework. 1. Walls. (1) Material—*a*, wood; *b*, stone; *c*, brick. (2) Construction—*a*, for strength; *b*, for warmth; *c*, for dryness. 2. Roof. (1) Material. (2) Construction. 3. Floors. (1) Material. (2) Construction.

(II.) Inner finish. 1. Special considerations. (1) Cleanliness. (2) Durability. (3) Artistic effect. 2. Application of these considerations. (1) Walls. (2) Ceilings. (3) Floors. (4) Woodwork.

Means for Disposing of Waste.

I. How does nature dispose of waste?

II. Household methods:

(I.) Water and body waste. 1. In the isolated house. (1) Utilization of water for irrigating purposes. (2) The out-house or earth closet. 2. Town house unconnected with sewer. (1) (For system in house, see next topic). (2) The cess-pool. 3. Town house with water carriage. (1) Requirements of a good system of plumbing. (2) Piping. A. What are soil, waste, and house-drain pipes? B. Of what materials, how jointed, in what position, have exposed, trapped, and ventilated. C. Fixtures—*a*, basins; *b*, closets. D. Tests for poor plumbing. (II.) Table Waste. 1. Food for animals. 2. Use as a fertilizer. 3. Cremation. (III.) Miscellaneous waste, as papers, leather, old metal, etc.

III. Municipal Methods:

(I.) Carriage into river or sea. (II.) Utilization of material for fertilization. (III.) Cremation of table refuse.

References, Teachers' College Library.

Public Health. American Publishing Health Association.
The Town Dweller. Fothergill.
Public Health Problems. Sykes.
Handbook of Sanitary Information. Tracy.
House Drainage. Gerhard.
Disposal of Household Waste. Van Nostrand Lewis.
Sanitary House Inspection. Gerhard.
Plumbing. S. S. Hellyer.
American Plumbing. Revill.
How to Drain a House. Waring.
Women, Plumbers, and Doctors. Plunkett.

This will close the subject of Hospital Economics until the spring, when a full announcement of the plans for 1901 will be given early enough for any desiring to take the course to make application and to be accepted before the summer holidays begin.

"In honour preferring one another."—Rom. xii.

"Who is it that, when years are gone by, we remember with the purest gratitude and pleasure? Not the learned or clever, or the rich, or the powerful, that we may have known in our passage through life; but those who have had the force of character to prefer the future to the present, the good of others to their own pleasure. These it is who leave a mark in the world, more really lasting than pyramid or temple, because it is a mark that outlasts this life, and will be found in the life to come."

DUTY'S whole lesson thou hast learnt at last,
Which in Self-Sacrifice begins and ends.
By the rejection of thyself thou hast
Regained the Infinite, Whose Life transcends
All personality!

—*Lytton.*

PROPHYLACTICS

IN CHARGE OF
MARY M. RIDDLE

THE RELATION OF BACTERIOLOGY TO PREVENTIVE MEDICINE

BY JOHN H. MCCOLLOM, M.D.

Resident Physician, Boston City Hospital, South Department; Instructor in
Contagious Diseases, Medical School of Harvard University

(Continued)

No disease of modern times has a greater influence on the death-rate than consumption, and thanks to bacteriology its infectious nature is now fully established. The hereditary nature of the disease is not now admitted to any considerable extent, and the existence of many cases of supposed hereditary transmission can be fully explained by infection. It is an interesting fact bearing on the prevalence of this disease that there are more deaths from consumption each year in Boston than there are cases of scarlet fever, one of the most infectious of diseases. The cutaneous manifestations of tuberculosis have not until within a few years attracted much attention, but recently this subject has been very carefully investigated not only by dermatologists but also by the profession at large. It has been proved that tubercular disease of the skin is extremely frequent, and it has also been shown that the infection is derived from the sputum of persons ill of phthisis. Thus far very little has been done in the way of limiting the frequency of the disease, but there is much for boards of health to accomplish in this direction. The degree of infectiousness of a disease has a very important bearing on the method of diminishing its frequency. The source of danger in consumption is the sputum, particularly when in a dry state, and for this very reason all sputa should be carefully disinfected as soon as expectorated. There is no proof that a person ill with phthisis can communicate the disease either by contact or through the air, but every attempt should be made to disinfect the sputum by the best-known methods. The use of sanitary sputum-cups, made of paper, which can be burned, now in use in every hospital should be earnestly advocated by the profession, and, in addition, all handkerchiefs and cloths soiled by the expectoration should be

either burned or disinfected by carbolic acid or some other equally good agent. As this bacillus remains active for a long time when in a dried state, the importance of watering the streets is self-evident. Dust is one of the best agents for carrying disease, and therefore the watering of streets is much more important from a sanitary point of view than from any other.

Much has been said and there has been much acrimonious disputation during the past year in this vicinity regarding the transmission of tuberculosis by milk. That this does occur, and that it has occurred, has been established beyond a doubt. The work of the cattle commissioners in endeavoring to stamp out tuberculosis in cattle, or at least to diminish its frequency, although it has received much adverse criticism, has accomplished a certain amount of good.

The bacillus of tuberculosis was discovered by Koch in 1882, and the announcement of his discovery was made at the meeting of the Physiological Society of Berlin in March of the same year. The importance of this discovery on the etiology and pathology of the disease cannot be overestimated. This bacterium is a rod with rounded ends from one to three and five-tenths micromillimetres in length. This bacillus is extremely difficult to cultivate, but by careful attention to technique and proper care culture medium can be successfully grown. The importance of this organism as a means of early diagnosis is very great. It can be stained, in the sputum of patients, very readily without the necessity of cultivation, as is the case with the other pathogenic organisms. The method adopted by Koch and modified by Ehrlich, and known as the Koch-Ehrlich method, is the most satisfactory way of staining. It consists in placing upon cover-glasses a minute portion of the sputum. It is important to select the small lenticular masses so frequently seen in tuberculous sputum. These masses are crushed by rubbing the cover-glasses together and then are allowed to dry in the air. They are then placed in an alcoholic solution of fuchsin to which a certain amount of aniline-water has been added for twenty-four hours, at the end of which time the cover-glasses are washed and decolorized with nitric acid, one part to three for sections, one part to four for cover-glasses, and are then washed and counter-stained with a watery solution of methylene blue and mounted. When examined it will be seen that the tubercle bacilli are stained red and that the other organisms are stained blue. Ziehl's method of staining may be used in certain instances where it is impossible to wait twenty-four hours, but the disadvantage of Ziehl's method is the fact that if the bacilli are few in number they may not be detected. In the same specimen of sputum a negative result may be reached with the Ziehl method and a positive one with the Koch-Ehrlich. The Ziehl

method consists in using a solution of fuchsin and carbolic acid for half an hour with the addition of heat. The subsequent steps are similar to those in the Koch-Ehrlich. The tubercle bacillus is a strict parasite, and while it does not multiply to any very considerable extent outside the body, yet it retains its vitality for a very long time, and under favorable conditions will multiply very rapidly. Koch, Schill, and Fischer found that these bacilli retained their vitality in dried sputum for from nine to ten months. Malet in his experiments with the dried parts of the lung from a tuberculous cow produced tuberculosis with this material in guinea-pigs at the end of one hundred and two days. The organisms also may retain their vitality from forty to fifty days in putrefying material, or according to other observers one hundred and twenty days. The gastric juice does not destroy this organism, as has been shown by the experiments of Baumgarten and Falk. A three-per-cent. solution of carbolic acid destroys these organisms in sputum in about twenty hours, according to Schill and Fischer. Yersin's experiments with the bacillus of tuberculosis show that this organism was killed by a five-per-cent. solution of carbolic acid in a very short time. Absolute alcohol destroyed the organism in five minutes, mercuric chloride, one part to a thousand, was fatal to the organism in ten minutes, salicylic acid, two and one-half per cent., in six hours. The action of sunlight on the tubercle bacillus is very marked. Koch says that when this organism is exposed to the direct rays of the sun it is killed in from a few minutes to several hours, according to the thickness of the layer. It is also destroyed by diffuse sunlight in from five to seven days when placed near a window. Von Esmarch has shown by his experiments that when pure cultures of this bacillus are placed upon white cloth and exposed to the sunlight they are killed in a few hours. That when similar cultures are placed upon black cloth a greater length of time is required to destroy them. The action of sunlight on this organism as well as on all other pathogenic organisms has an important hygienic bearing. The disinfectant action of sunlight has thus far not received sufficient attention. The desirability of sunlight in dwellings and hospitals while it has been advocated on general principles has not until comparatively recently, due to the work of the bacteriologists, been placed on a strict scientific basis. In Bowditch's investigations on consumption in Massachusetts he found that consumption was much more prevalent in houses where the sunlight was excluded, to a considerable degree, by shade-trees, and also where there was a certain amount of dampness; in fact, where all the conditions were suitable for the growth and retention of the vitality of the organism. It is also a significant fact that tuberculosis is much more common in cattle confined in dark, damp stables.

Although leprosy is a rare disease with us, yet it is important to recognize it not only clinically but also from a bacteriological standpoint. Hansen in 1879 discovered a bacillus in the interior of the round cells found in leprosy tubercles. Neisser and many other observers confirmed this discovery. The bacillus of leprosy resembles the tubercle bacillus in form, but is of more uniform length and is not so generally bent or curved. This organism can be stained by the aniline colors. The best method of staining for purposes of diagnosis is that used for the tubercle bacillus which has been already described. Many attempts have been made to grow this organism artificially, but they have not been very successful. Recently, however, it has been stated in the report of the India Leprosy Commission that a successful cultivation of the leprosy bacillus in blister-serum has been accomplished. The opinion that this bacillus is the cause of leprosy has been derived from deduction rather than from actual inoculation of pure cultures. It has been shown, however, that tissues containing this organism are infectious. Arning in the Sandwich Islands inoculated a condemned criminal with fresh leprosy tubercles containing immense numbers of these bacilli. The man was under observation until his death from leprosy five years after the inoculation. The disease manifested itself first about five months after inoculation near the point of insertion of the infectious material. In the lower animals certain observers have had positive results with the inoculation of leprosy tubercles.

Glanders has been shown to be due to a certain specific organism, and the importance of a positive diagnosis in doubtful cases of the disease for the purpose of isolation is very great. This organism was discovered by Löffler and Schütz in 1882, and is described by them as a rather short bacillus with rounded ends. This organism is an aerobic non-motile parasitic bacillus, and stains readily with the usual aniline colors. Mallein obtained from pure cultures of the glanders bacillus gives us an agent of great diagnostic value. It has been found that the inoculation of animals with this preparation in the incipient stages of glanders has been followed by a very decided and marked reaction which does not occur in healthy animals. Although as yet we have not an "anti-mallein" for the cure of the disease, yet the etiology of the disease has been elucidated, and we also have an agent, thanks to bacteriology, that is of great practical value from a diagnostic point of view.

Typhoid fever, the frequency of which is so great in the towns and smaller cities, has been demonstrated to be due not so much to infection from the patients themselves as to a polluted water-supply and milk-supply. Valuable as a chemical analysis of the water-supply is, the value of a bacteriological examination of the water is much

greater. Eberth in 1881 and 1882 demonstrated the presence of the bacillus in the spleen and diseased glands of the intestines of patients dead of typhoid fever. Gaffky first obtained pure cultures of this organism and described its principal biological characters. This organism is a small bacillus and is motile. The organs of motility are numerous flagella arranged around the periphery of the organism. This bacillus stains with the usual aniline colors. This organism grows in the presence of oxygen and does not liquefy gelatin, which latter is an important point in differentiation. As this organism resembles many others in shape, it is impossible to differentiate it without careful and peculiar methods of cultivation. The fact that it does not liquefy gelatin, that when grown in litmus agar and litmus bouillon containing two per cent. of glucose there is no formation of gas and no change in the color of the litmus, are some of the methods by which the organisms can be detected. The importance of a bacteriological investigation of the water-supply has been fully demonstrated by the results of the work of the State Board of Health of Massachusetts at the experimental station at Lawrence. It was found that an increase of the number of cases of typhoid fever in Lowell, which drains into the Merrimac River, could be demonstrated by the increase in the number of bacilli of typhoid fever found in the river-water at Lawrence. There are many instances on record where well-water sufficiently pure, chemically speaking, for domestic use was found to be loaded with the bacilli of typhoid fever. In fact, a well placed as it generally is in the country, where it of necessity receives the drainage from the house, if the water becomes contaminated with the germs of typhoid fever, forms one of the most fertile means of spreading the disease. It is, in fact, a culture tube on a large scale. This not only emphasizes the necessity for disinfecting the excreta of typhoid fever patients, but it also shows the importance of placing wells at a considerable distance from the dwellings and on a higher plane. It has been found that the bacillus of typhoid fever dies after a short time in river-water, but lives long enough to cause the disease in susceptible individuals. The longest period of time that this organism has been known to live in river-water placed in test-tubes is twenty-four days. The advantages of purification of water by sand filtration has been fully demonstrated by the work of the bacteriologist. It has also been shown that in order that the filter may be effectual it must be constructed under certain definite rules, and when constructed according to these definite rules even the most polluted water is made safe for domestic use. Probably no city in the world had more cause to lament a polluted water-supply than Hamburg, but owing to the severe lesson of the cholera epidemic her water-supply is now of the best. Hamburg has at the

present time the most complete and well-equipped water-works of any city in the world. The water is taken from the Elbe and is submitted to rock and sand filtration, so that the organic matter and most of the bacteria are removed. A corps of trained bacteriologists examine the water as it comes from the filters three or four times in the course of the twenty-four hours. If the number of organisms is above a certain percentage the water from that particular filter is not used, but the filter is discontinued for a certain length of time until it has been cleansed and the water from a second filter is used. If Hamburg had had this system eight years ago she would not have been visited by the tremendous epidemic of cholera. It is also a significant fact that since the introduction of the new water-supply at Hamburg the number of cases of typhoid fever in that city has been diminished to a marked degree. The city of Altona, situated below Hamburg and taking its water from the river Elbe, while it had not so extensive and elaborate a system of water-works as Hamburg now has, was supplied with comparatively pure water, and the result was that while Hamburg eight years ago, before the introduction of the new water-works, suffered from cholera in a marked degree, Altona was comparatively free from the disease. No system of water-supply should be considered complete without a bacteriological laboratory connected with it,—a laboratory sufficiently well equipped with men and materials to carry on not only the routine work but also to engage in experimental research. There are many problems regarding a water-supply that should be solved: the question of purification by the air; the life-history of the various bacteria in water; the structure of the filters, not only the material of which they are composed, but the manner in which they are built, and many other questions that it is unnecessary to enumerate.

The effect of freezing on the bacillus of typhoid fever has been carefully studied by various bacteriologists, and it has been absolutely demonstrated that cold does not kill the organism although it does inhibit its growth. This has an important bearing upon the ice-supply. Ice taken from a pond contaminated with the discharges from typhoid fever patients when used may communicate the disease. The importance, therefore, of some supervision of ponds and rivers from which ice is taken is apparent.

(To be continued.)

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF
LINDA RICHARDS

ON August 22, 1900, Mr. Thomas W. Lawson's horse, "Boralma," won ten thousand dollars at the races at Readville, Massachusetts. Before the race Mr. Lawson said if "Boralma" was successful half the money should be given to the West End Nursery and Infants' Hospital, a hospital for babies under two years of age at 37 Blossom Street, Boston. The following correspondence, therefore, will be interesting to our readers:

"BOSTON, September 27, 1900.

"WEST END NURSERY AND INFANTS' HOSPITAL:

"Enclosed please find check for five thousand dollars, to be used in your wise judgment in some way which will bring the greatest amount of happiness to your charges. Upon the day I earned this money I was so ill I do not think it would have been possible for me to have performed the great task for which it was a reward, if I had not been buoyed up by the thought of how much it meant to your babies; but by keeping constantly before me on that day the fact that I was working for those who, like myself, are absolutely dependent for all their comfort and all their happiness upon others, I succeeded.

"Wishing you the full needs of success in your noble task, I beg to remain

"Your four-footed friend,

"BORALMA."

"BOSTON, October 10, 1900.

"DEAR BORALMA:

"We, the babies at the West End Nursery and Infants' Hospital, send you our sincere thanks for your efforts in winning the race which brought us such a generous check. We send to you our colors, and hope that when you wear our pink ribbon you will think of the little babies on Blossom Street whom you have helped to health and strength.

"Very gratefully yours,

Their
"THE X BABIES."
Mark.

THERE has been a course of Domestic Science started in connection with the Young Woman's Christian Guild of Toronto, Canada. A class in invalid cooking forms part of the course. This will be of great benefit to the hospitals which have not this course in their curriculum. A class of twelve nurses from the Children's Hospital have attended.

THE Guild of St. Barnabas for Nurses has been started in Toronto with Mrs. Broughall, of St. Stephen's Rectory, superior, and Canon Welch, of St. James Cathedral, chaplain. The meetings are held the first Tuesday of every month. Thirteen nurses have joined.

THERE has been some change in the course of training at the Massachusetts General Hospital Training-School, Boston, Massachusetts. The present course is twenty-six months, and includes a three-months' obstetrical training at the Sloane Maternity, New York City, for twelve pupils each year. The instruction to the senior pupils in cooking and diets is this year given by Miss Alice A. Garmon, a graduate of the Columbia College Hospital Economics Course. Miss Garmon will also teach physiology, anatomy, and hygiene. A two-months' post-graduate course of either medical or surgical work is open to graduates of the school.

A MEETING of the Erie County Hospital Alumnae Association, Buffalo, New York, was held at the hospital on September 5. The president, Mrs. L. H. Puffer, read a letter from Miss Thornton, secretary of the Associated Alumnae of the United States, asking for suggestions of subjects for papers to be read at the annual meeting in Buffalo, September, 1901. The secretary, Miss Kinnon, read letters from absent members—Miss McCormick, in the Philippines, and Miss Gillette, who is in a yellow-fever hospital in Cuba. Five applications for membership were considered and the applicants elected to membership. Miss Cox, a pleasing elocutionist, gave a reading. The meeting was adjourned to meet the first Wednesday in December.

THE Willard Hospital, of Bedford, Massachusetts, for the treatment of dipsomania and macromania patients, held an informal opening September 28. The hospital has been in operation since last July, when the estate of one hundred acres was bought by the hospital corporation. A large three-story mansion was erected on the place some twenty years ago, but it was never occupied till the Willard Hospital was founded. No hopeless cases will be admitted, and no men who are not willing to do their part in breaking off the drink or opium habit. The hospital has no endowment, and a fee will be charged, about one-third of the sum asked by other institutions with a similar aim, and further funds depend upon the generosity of the public. Rev. Edward Everett Hale is president of the Board of Directors; Mr. Edward May, of Jamaica Plain, is treasurer; S. B. Elliot, M.D., is secretary and medical director. The inmates have tennis, golf, canoeing, and fishing. They can enjoy drives, walks, and, in winter, skating, and they always have a beautiful view

to look out upon. Application for admission may be made to the medical director, Bedford, Massachusetts.

MISS LUCY C. AYERS, graduate of the New Home Training-School for Nurses, has been appointed superintendent of nurses at the Rhode Island Hospital, Providence, Rhode Island. She will fill the vacancy caused by the resignation of Miss Stowe. Miss Ayers has been in the West for the past five years, where she has done very satisfactory work as superintendent of both hospital and training-school. She resigns to go to Providence.

AT Wawatosa, Wisconsin, the County Board has voted to spend one hundred thousand dollars in putting the County Hospital in good condition. The old building will be remodelled and improved. There will be a new heating and ventilating plant, and the interior arrangements will be changed. An addition will be built as well as a separate administration building.

THE sick and wounded at Galveston are receiving the best of treatment, and the facilities are such that any one needing medical attention can have it on application. Besides the other hospitals and medical relief stations already in service, the Marine Hospital and Refuge Camp has been opened and will accommodate a large number of patients. Persons able to travel have been taken from the hospitals and sent in the revenue cutter and by other means of transportation to Houston and other relief stations on the mainland. The Sealey Hospital, which was reported as having been blown away, survived the storm with the exception of broken window-panes, a damaged ceiling, and the drenching of a number of the rooms with their contents; it is practically unharmed. There was no loss of life among the inmates.

THE trustees of the Lakeside Hospital, Cleveland, Ohio, have within the past few months made some very important changes. The responsibility of the entire cooking for the hospital has been given to the diet-teacher, Miss Perry, a graduate of the Pratt Institute. She makes out the bills-of-fare, orders all supplies from the store-room, supervises the cooks in their work, attends to the distribution of the food, and has charge of the diet-kitchen, where two pupil nurses are always in attendance, each serving two months. This change in regard to hospital cooking has proved most satisfactory. Thought for the comfort of the nurses has been shown by the sending out of the following notice: "The trustees of the hospital have made arrangements to assist young women who wish to enter the nursing profession and are unable to remain in

the school for three years without financial assistance. A loan, not exceeding fifty dollars yearly, will be allowed to pupils who have been in the school one year, and who have during that time proved themselves worthy of this consideration and able physically to continue the course of training. The idea is not to make the pupil a recipient of charity. The money is strictly a loan, to be returned within twelve months after leaving the hospital, and to be evidenced by a promissory note of the recipient, this note to bear interest at four per cent. per annum. Application must be made in writing to the principal of the school." Miss Rebecca Cross, a graduate of the Royal Victoria Hospital, Montreal, of the Class of '97, has recently been appointed assistant superintendent of the Training-School.

MISS JANE A. WRIGHT, superintendent of the Providence Lying-in Hospital, Providence, Rhode Island, is at her home in Rome, New York, on sick leave. She expects soon to be able to return to her work. Miss Martha M. Russell, assistant superintendent, has charge of the hospital during Miss Wright's absence.

THE Graduate Nurses' Association of the Henry W. Bishop Third Memorial Training-School for Nurses met September 5, 1900, in the Study Hall at the House of Mercy Hospital, Pittsfield, Massachusetts. After roll-call, reading of secretary's report of the last meeting, and like business, the question of adding a vice-president to the officers, which now consist of four members only, was brought before the meeting. It was voted that such officer be elected at the next annual meeting, thus changing By-law 4.

The next question was, "Shall a new by-law be added giving absent members the right to vote by proxy?" This was carried and the new by-law added. It was voted that Miss Clement, superintendent of the training-school, be made an honorary member of the association. Then followed an informal talk on the special course in hospital economics in Columbia University. This was of interest, as also that which followed the reading of a letter from Miss Mary E. Thornton, secretary of The Nurses' Associated Alumnae of the United States.

After this there was a discussion as to whether the president and vice-president should hold office for one year only or indefinitely, as has been the custom. No decision was reached. This was followed by a discussion regarding the weekly charge of private nurses—"Should it be uniform, and what discount was it wise to make under certain circumstances?" This question is to come up again at the next meeting. Some talk was made over the building of the Graduate Nurses' Home, for

which the members of the alumnae are working. The association already has a lot, given them by Mr. and Mrs. S. N. Russell, facing that beautiful green "The Russell Elms," which has come to the hospital by the will of Mr. S. N. Russell. There is also a fund of more than three thousand dollars, which sum is steadily growing. The time of building is in the future. Meantime, many are working to add to the funds. The meeting was adjourned till December.

THE Marten Hospital, Taunton, Massachusetts, has recently completed a very fine operating-room, with etherizing, recovery, sterilizing, accident, and doctors' dressing-rooms in connection, everything being strictly up to date. Connected with the new building is a broad corridor which is to be used as a sun-parlor for patients. The room in the hospital formerly used for an operating-room has been made into a small ward, thus increasing the capacity of the hospital to twenty beds.

MISS MARGARET E. CLARK, a graduate of the McLean Hospital, Waverly, Massachusetts, has been appointed to the responsible position of clerk in the hospital from which she was graduated. She fills the position made vacant by the resignation of Miss F. C. Gilbert.

ON October 3 nineteen nurses were graduated from the Hartford Hospital Training-School, Hartford, Connecticut. The exercises, which were held in the Nurses' Home on Jefferson Street, were varied and interesting. There was music by the Breman and Hatch Orchestra. The opening prayer was offered by the Rev. Samuel Hart, followed by remarks by Dr. Gurdon W. Russell, president of the Board of Trustees; an address to the graduates, by Rev. Joseph P. Twitchell, essays by three nurses of the graduating class, presentation of diplomas, with a few words of kindly advice by Dr. H. G. Howe on behalf of the Executive Committee, and benediction by the Rev. Samuel Hart. Lunch was then served, and the large company dispersed.

FOREIGN NEWS

IN CHARGE OF
LAVINIA L. DOCK

FROM OUR CORRESPONDENT IN LONDON

"DEAR EDITOR:

"It is with the very greatest pleasure that I begin a letter to you, for the news that the Association of American Alumnae is about to issue a journal of its own is welcome indeed, and we in this country, whose aims and aspirations are the same as yours, see in your new venture an added strand to the cable which takes no account of oceans or distance, but which unites in a common purpose the nurses of the Old and New Worlds.

"When I begin to think what there is to tell you of nursing affairs in this country my mind harks back inevitably to the International Congress of Women held in London last year, when nurses forgathered from many parts of the world, and, as members of one of the recognized professions for women, discussed their own concerns. None of us who were privileged to be present on that occasion will soon forget its inspiration, and not the least of its benefits was that members of the nursing profession in various countries, known only to each other by name, or perhaps by correspondence, became personally acquainted, and in some instances formed permanent friendships. Certainly in this country we have felt the impetus of the Congress ever since, its influence has by no means ceased, and I believe it will go on increasing. One of its chief results was, as you know, the formation of the International Council of Nurses, at the Annual Conference of the Matrons' Council held in the congress week, and at which some of the foreign visitors were present. We are very proud that at the election of officers this year, by the vote of the members in different parts of the world, a British woman should have been elected its first president.

"Talking of the International Council of Nurses reminds me of the congress which is to be convened under its auspices at Buffalo next year. Which of us will be there, I wonder? I have heard but one opinion on the subject. Every one would like to go. But nurses, as you know, are not a wealthy community, and the difficulty is how to find the necessary funds. When the Matrons' Council meets again after the holidays a sub-committee will be formed to deal with the financial question. We hope that some of our nursing societies will subscribe to send at least one delegate, so that this country may be well represented. I am sure that we should learn much from you. From the little I know of American nurses it seems to me that public speaking comes easy to them. With British nurses, with a few notable exceptions, this is certainly not the case. They may manage the nursing departments of their own institutions admirably, they can conduct the necessary business with their committees with equal facility, but when it comes to taking the chair at a public meeting, or even speaking in public, they find the ordeal so terrible that they rarely attempt to face it. Such a feeling

—a very real one—is, I imagine, not common with you, but you must remember that in the enlightened West woman is a free creature, whereas in the East she is behind the purdah. It is true that midway between the two we have escaped from the purdah, but its shadow still falls upon us. Besides, the gift of tongues is not a common one with British women, and the power to sway an audience is even rarer. A few have it, notably Lady Henry Somerset. It is pure pleasure to listen to the tones of her well-modulated, cultivated, persuasive voice, and it is obvious that she carries her audience with her. She does so, I think, mainly by her power of sympathy, though her finished oratory is no doubt a factor in the effect produced, but we have few like her. In the nursing profession our most notable speaker is without doubt Mrs. Bedford Fenwick. She is never at a loss for a word, her clear voice penetrates to the farthest corner of the building in which she is speaking, and whenever she speaks it is with a masterly grip of the subject in hand, which she always treats logically and convincingly. She has, moreover, a sense of fun which is a valuable asset in a public speaker, but fun is out of place on a battle-field, and just now in this country we nurses are fighting for our lives, for our right to live and breathe and think as a profession. Mrs. Fenwick is, of course, in the forefront of the fray, and her public speeches bear evidence of it. She speaks in grim deadly earnest, and the lighter vein rarely comes to the surface. When the fray is over and the victory is declared—as by all the laws of nature it must be declared—to belong to the progressives, other sides, and she is many-sided, will come uppermost.

“I do not think you must count on many speakers at the congress next year from this country. Miss Stewart, the public-spirited, generous-hearted matron of St. Bartholomew's, and president of the Matrons' Council and Bart's League, of course, and Miss Mollett from Southampton perhaps, but we have not many. Of listeners I hope there will be a goodly show.

“The formation of the International Council has shown us our need of a National Council by means of which we can be brought into touch with it. The Matrons' Council in October last passed a resolution empowering its executive to act as a provisional committee to consider the organization of a National Council of Nurses in view of affiliating with the International Council of Nurses. The executive appointed a sub-committee, which drew up a draft constitution, which was submitted to the business meeting of the council held at the time of the conference last July when many of the country members were in town. The debate upon it was most keen, and finally the constitution was referred back to the executive to be amended in accordance with the light thrown upon it in the course of the discussion.

“Another important step in the direction of nursing organization, which has been taken during the past year, has been the formation of the League of St. Bartholomew's Nurses by Miss Isla Stewart. It is the first association of the graduate nurses of this country, where professional associations of women are by no means encouraged as a rule. The idea, however, when proposed by Miss Stewart was taken up most warmly, and already over three hundred graduates have joined the league. The qualification for membership is the certificate of the hospital, but, up to June last, a few nurses not holding the certificate, but who had filled, or who are filling, positions of responsibility in the hospital, were enrolled. The league publishes a small journal twice a year called *League News*, of which I am sending you the first copy.

“The Matrons' Council during the past year has brought before the Govern-

ment Departments concerned with the nursing of the sick the necessity for reorganizing these departments on modern and professional lines, and of placing such Nursing Departments under the control of a fully trained and experienced administrative nursing officer who should act in conjunction with the head of the Medical Department. A deputation from the Matrons' Council, which was accorded a courteous hearing, was received at the Admiralty by Mr. Austen Chamberlain, Civil Lord. The request to be received as a deputation by the War Office has so far not been acceded to, but there is little doubt that in the wholesale reorganization of the army which must come after the present war is over, the question of the Nursing Department, and more especially the organization of an effective Nursing Reserve, must come up. Complaints are made on all sides by the matrons of hospitals that no official inquiries have been addressed to them by the Committee of the Army Nursing Reserve concerning the qualifications and suitability of applicants for membership; indeed, the policy throughout seems to have been to ignore the assistance which those matrons acquainted with the work of the nurses were able to give, and would willingly have given. The consequence is that although much good work has been done many most unsuitable women have been sent out, who, if half the stories which reach home are true, will unfortunately do much to discredit in the public estimation the really invaluable services rendered by others. It must, however, be clearly understood that the haphazard shipping off to South Africa of some six hundred nurses, with no real superintendence, no central office at the Cape, and no superintendent-in-chief to whom these nurses could apply for assistance or advice, and who would have authority to deal with and send home any whose conduct was wanting in discretion, has always been strongly condemned by the matrons here. The War Office must, I suppose, learn its lesson, and a bitter lesson it is likely to be,—namely, the need of nursing, instead of social and medical, supervision and control in nursing matters, and the necessity for placing the discipline of women in the hands of women.

"There are other things of which I should like to speak. The Midwives' Bill, for instance, which, having passed its second reading, and having really some chance of getting through, was, strange to say, talked out by the member in charge of it. This is not to be regretted, for a bill giving legal status to practise midwifery to women with only three months' special training cannot be considered satisfactory. It met with very little opposition from trained nurses, who do not seem as a body to understand how prejudicial it is to their own interests. This is partly due, I think, to the fact that so few of the matrons of our hospitals are certificated midwives, and while they realize the futility of the three-months' midwife, they do not recognize the necessity of including obstetric training in the curriculum of training of every nurse, and so putting a better article on the market. Whether every nurse should be required to have obstetric training before graduation is a very debatable question; personally I am inclined to think she should. But at least she should be encouraged to acquire it as an extra qualification, and should not, as is too frequently the case now, be obliged to sever her connection with her training-school in order to get it at a special hospital. The outcome of this is that we want a bill, not for the registration of any one class of specialists, but for the registration of medical, surgical, and obstetric nurses. It is a curious fact that persons who support the former will vehemently oppose the latter, though how they can logically maintain such a position is difficult to understand. However, we are getting percep-

tibly nearer to registration, and this war is doing much to open the eyes of the public to the necessity for it. On a future occasion I hope I may have the opportunity of giving you some more details as to nursing affairs in this country. Wishing your journal all success and prosperity,

"I am, dear Editor,

"Yours cordially,

"UNION JACK."

"ATLIN, BRITISH COLUMBIA.

"... As you know, when we first came here no hospital was thought of. We were supposed to nurse the sick where we found them, in their cabins or tents. We did this to some extent, but some were on the creeks miles away, others were destitute; some place must be found for these.

"The government put at our disposal a log cabin with a saw-dust floor and one small window which would not open.

"By crowding, as many as four beds could be accommodated in this cabin, but more room was needed, so a tent was put alongside of it, which had the luxury of a real floor, and while the nice weather lasted we got along very well. When winter came the thermometer ranged between thirty degrees and forty degrees below zero. Yet the discomfort from the cold was not as bad as that experienced on days when it snowed outside and rained inside the tent. Certainly it was not an ideal place for patients. Finally, it was determined to build a hospital which could belong to, and be under the control of, the Presbyterian Church in Canada. At this time men were idle, and all work on the building was given free. The value of the labor thus given amounted to over a thousand dollars. A debt was incurred for materials, etc., which we hope our Eastern friends will help us to wipe out.

"The hospital is a plain wooden building, containing one large ward, a bath-room, and a small room which we use either as an operating-room or as a private ward. At the back is a tent kitchen; a fine range and cooking utensils were given us; they are a great comfort. One of the churches in Victoria sent us a dozen pairs of blankets, sheets, pillows, and pillow-cases, and things are assuming quite a hospital air. . . .

"We have found the climate less trying than we expected, and have not suffered the least little bit from all the cold. We are both in splendid health, and manage to get along quite comfortably without many of the luxuries and so-called necessities of life. . . .

"HELEN BONE."

[Miss Bone and her colleague, Miss Mitchell, are Canadian nurses who went out to the Klondike a year or so ago.—Ed.]

[MISS MACDONNELL, assistant superintendent at Roosevelt Hospital, has kindly sent us letters and reports of the work of her sister, who is in charge of the nursing in the Mission Hospital at Neyoor, India.

Accounts of Miss MacDonnell's work appear from time to time in the "Chronicals of the London Missionary Society."—ED.]

"... It was in October, 1892, that I first went out to take charge of the nursing department at Neyoor. In Trevandrum, the capital, there is a well-equipped government hospital under a European doctor, and in various places throughout the State there are branch hospitals and dispensaries with native apothecaries in charge. Of late years the government has been encouraging Hindu women to train as apothecaries and nurses by offering scholarships for their maintenance. The Neyoor is a general hospital with wards set apart for women. It had at first thirty beds. Since I am here eight beds have been added for isolation cases, eight maternity beds, and two for private patients. Before we came, nursing, as we think of it, was practically unknown. The friends of the patients came with them, and in their own way did what nursing they could. Even yet we have not reached the point of being able to dispense with the presence of these friends entirely. Fifteen or twenty often insist on remaining with one patient, and families consider themselves strictly dealt with when not allowed to keep all their food stuffs, cooking utensils, firewood, and even chickens under the bed, and do their cooking at the bedside or on the veranda. We have considerable difficulty in training native women in nursing. It was thought too degrading for a respectable woman to clean and attend the lowly and destitute. Besides, the fact that hospital work meant a more or less public life kept them back; it is altogether contrary to social customs to allow women to work outside of their own homes. For this reason we can only get rather elderly women, certainly not younger than thirty-five. Meantime we are encouraged by having frequent requests from the more enlightened Hindus for one of our nurses to come and stay in the house to carry out a doctor's orders, and we see that a few years' training has made some of our nurses into capable and helpful women. . . . We aim at educating a band of nurses for Travancore such as will compare worthily with our own District Nurses at home.

"MARGARET MACDONNELL."

THE committee of the London Hospital now require all accepted probationers to sign an agreement to remain four years in the service of the hospital. The certificate of training is granted at the end of two years, but the four cannot be completely filled up as evidence that the nurse has fulfilled her engagement to the hospital until the expiration of four years from the date of her entrance into the wards.

Two London nurses, Miss Morgan and Miss Dickinson, were sent from the hospital to Copenhagen to study the method of applying Dr. Finsen's light treatment for the cure of lupus, as the London Hospital proposes establishing a department for this new treatment. Four patients can be treated at one time by one apparatus. Each patient is required to have either sunlight or electric light applied daily. The treatment takes an hour and a quarter, and the undivided time and attention of a nurse is needed for each patient while the treatment is going on.

CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON GENERAL'S OFFICE FOR THE MONTH ENDING OCTOBER 12, 1900.

ABEL, ROSE E., nurse at Fort Myer, Virginia, near Washington, promoted to be chief nurse at the same place September 15.

ANNAN, LUCY C., nurse, appointed August 24 by the chief surgeon, Division of the Philippines, and assigned to duty at the First Reserve Hospital, Manila, Philippine Islands.

ASHEN, SARAH, nurse at Fort Bayard, New Mexico, transferred to the General Hospital, San Francisco.

BARKLEY, MARY, nurse, arrived from the Philippines on transport September 24, transferred to the United States Army General Hospital, San Francisco.

BATES, MARY, nurse at United States Army General Hospital, San Francisco, ordered home for annulment of contract. Left hospital September 30.

BAUER, MRS. CHRISTIANA M., nurse, reported at the Tientsin Hotel Hospital, Tientsin, China, August 18, and transferred to the United States General Hospital, Tientsin, China, August 28.

BEECROFT, LAURA, chief nurse at Fort Bayard, New Mexico, ordered to duty in the Philippines as nurse, to sail October 15.

BOWLES, ROSA L., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

BRADY, GENEVIEVE M., nurse at United States Army General Hospital, San Francisco, ordered home for annulment of contract. Left hospital October 1.

BROWN, MRS. JESSIE M., nurse, reported at the Tientsin Hotel Hospital, China, August 18, and transferred to the United States General Hospital, Tientsin, China, August 28.

BUCHANAN, MRS. FRANCES L., nurse at Convalescent Hospital, Corregidor Island, Philippine Islands, ordered home for annulment of contract. Left hospital August 26. Left San Francisco October 1.

BUCKLEY, MARY ELLEN, nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Call, Sylvia, nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Cleveland, May, nurse, reported for duty at the United States General Hospital, Tientsin, China, August 18.

Duckworth, Lottie B., nurse, on transport duty from the Philippine Islands, reported at the United States Army General Hospital, San Francisco, September 24.

Fletcher, Mary C., nurse at the General Hospital, Santiago de Cuba, ordered to her home for annulment of contract. Left hospital September 24.

Friton, Emily, nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Gemmil, Sarah M., appointed as nurse for duty at Fort Myer, Virginia, September 14.

Hanbury, Anna A., nurse, reported at the United States General Hospital, Tientsin, China, August 18.

Harroun, Mary I., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Hasemeyer, Augusta D., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Henig, Louise F., nurse, transferred from Dagupan, Island of Luzon, to Santa Mesa Hospital, Manila, Philippine Islands, August 18.

Howard, Carrie L., nurse at United States Army General Hospital, San Francisco, transferred to the Philippine Islands. Sailed October 2.

Hughes, Clara E., nurse, on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, September 24.

Kemmer, Alice, nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Killiam, Lena E., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 18.

Kinney, Mrs. Dita H., nurse at the United States Army General Hospital, San Francisco, transferred to Fort Bayard, New Mexico, and promoted to be chief nurse, October 1, in the United States General Hospital there.

Koller, Mabel M., appointed nurse September 24 and assigned to duty at the United States Army General Hospital, San Francisco.

Lane, Effie, nurse, on transport duty, left San Francisco on her return to the Philippine Islands October 2.

Lasswell, Ida H., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

Lee, Nora, nurse at Fort Bayard, New Mexico, contract annulled September 24.

Lippert, Ida D., reported for duty at the United States General Hospital, Tientsin, China, August 4.

McCarthy, Theresa E., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4.

McKelvey, Mary J., nurse, appointed September 26 and assigned to duty at the United States Army General Hospital, San Francisco.

McNaughton, Bessie B., nurse at Cabana Barracks, Havana, Cuba, promoted to be chief nurse at the same hospital September 17.

McRae, Henrietta, nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Martin, Katherine E., nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Martin, Nora B., nurse at the United States Army General Hospital, San Francisco, contract annulled August 31.

Meiselbach, Rose, chief nurse at General Hospital, Santiago de Cuba, ordered to her home for annulment of contract. Left hospital September 24.

Mickle, Rebekah, nurse, appointed September 24, assigned to duty in the Philippine Islands. Sailed from San Francisco October 2 in charge of party on transport Hancock.

O'Donnell, Anna E., nurse at Cabana Barracks, Havana, Cuba, annulment of contract has been authorized.

Pringle, Martha E., nurse, Fort Bayard, New Mexico, transferred to the United States Army General Hospital, San Francisco.

Purves, Mary O., nurse, reported at the United States General Hospital, Tientsin, China, August 4.

Roth, Anna Grace, nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Rourke, Louise R., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Smith, Stella, nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Snyder, Nellie L., nurse, lately at First Reserve Hospital, Manila, Philippine Islands, contract annulled September 15.

South, Margaret Hay, nurse, on transport duty, left San Francisco on her return to the Philippine Islands October 2.

Valentine, Minnie I., nurse, reported for duty at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Weathers, Eloise M., nurse, on transport duty from the Philippine

Islands, reported at the United States Army General Hospital, San Francisco, September 24.

Whelpton, Sarah, nurse, reported at the First Reserve Hospital, Manila, Philippine Islands, August 20.

Yeakel, Katharine, nurse, transferred from the First Reserve Hospital, Manila, to Calamba, Luzon, Philippine Islands.

Young, Agnes G., nurse, reported for duty at the United States General Hospital, Tientsin, China, August 4. Appointed by the commanding officer of the hospital to act as chief nurse.

[NOTE.—Orders to nurses in the United States are issued by the surgeon general, and orders to those in the Philippines or Cuba are generally issued by the chief surgeons of those divisions. Chief nurses in the United States and Cuba are appointed by the surgeon general, but the authority to appoint chief nurses in the Philippines has been delegated by him to the chief surgeon of that division. Contracts are made and annulled by the surgeon general unless otherwise noted.]

EDITOR'S MISCELLANY

THE secretary of the American Society of Superintendents of Training-Schools for Nurses has sent the following circular to the members of the Society:

"October 4, 1900.

"DEAR MADAM:

"The answers received by your secretary from the members of the society, relating to affiliation with the Associated Alumnae for purpose of entering the National Council of Women, show that affiliation is approved. Seventy-one affirmative and two negative replies were received. Members sending no answers were largely those who are at present not holding hospital positions. Of our new members several who had not been at the meeting preferred not to vote. The choice of president and first vice-president to carry out details with the affiliating organization was also practically unanimous—one or two members desiring it to be understood that this is an arrangement for the current year without force in the future. Your secretary has therefore notified the secretary of the Associated Alumnae of these facts, and the correspondence with the National Council of Women will now be left to the committee representing the superintendents and the alumnae. Letters received from Mrs. Gaffney, president National Council, show that the annual executive session of 1900 will be held in Minneapolis, November 13, 14, and 15, and we are urged to have representatives there, two being allowed for national organizations. This would give us each a delegate. The president of a national organization or her proxy is usually one of these delegates. In our circumstances the societies would no doubt try to send Western members who are near to the place of meeting.

"Your secretary's work on this matter is now at an end.

"Respectfully submitted,

"L. L. DOCK.

"By order of the President and Council."

THE following circular letter has been sent to the officers and councillors of the Superintendents' Society and the Associated Alumnae:

"INTERNATIONAL COUNCIL OF NURSES, October 4, 1900.

"MY DEAR —

"You will remember that at the convention meetings in May last the formation of an International Council of Nurses was laid before you for your approval and support, and that, in the proceedings of the Provisional Committee, the following resolution was found:

RESOLUTION PASSED BY BRITISH DELEGATES.

"That in the opinion of the British members of the Provisional Committee, the organization of nurses being more fully developed in the United States of America than in any other country, it would be of great professional benefit if a

meeting of the International Council of Nurses could be held in the United States in 1901 to celebrate the new century.'

" 'Proposed by MRS. BEDFORD FENWICK.

" 'Seconded by MISS ISLA STEWART.

" 'It would be an opportunity to hold an International Congress of Nurses at the same time.'

"The suggestion to hold a Congress of Nurses fitted in well with the proposed Pan-American celebrations, to be held in Buffalo next summer, and was cordially endorsed by the Buffalo Nurses' Association, at whose invitation the two national organizations of nurses will meet in that city. As, however, the Buffalo Nurses' Association desired it to be made known that they would assume nothing beyond local management, the International Council of Nurses at the meeting in July of this year designated two American members, Miss Snively and Miss Dock, who had been elected respectively treasurer and secretary, to form a committee which should undertake the work of convening a Congress of Nurses. These two members believe that no better or more representative committee could be found than one composed of the officers and executives of our two societies, viz.: the superintendents and the alumnae.

"Will you consent to serve on such a committee? The undersigned urge an early and affirmative reply.

"With cordial greetings,

"M. AGNES SNIVELY,

"Toronto General Hospital.

"LAVINIA L. DOCK,

"265 Henry Street, New York."

A LITERARY CLUB

DURING the summer months the nurses of the Hospital for Sick Children, Toronto, by way of increasing their interest in their profession, formed themselves into a Literary Club. The aim of this society was a four-fold one: first, for the graduates to continue their studies systematically; second, for the nurses in training to accustom themselves to advancing their own theories and sustaining them by their arguments; third, for the probationers to give them an idea of what good knowledge was in store for them; and, fourth, for all to increase, if possible, the spirit of good-will among the nurses.

One of the number was chosen as president, whose duty it was to preside at each meeting. Three others were formed into an "Information Bureau," which had charge of the programme for each meeting. The club met once a fortnight, and during the season many good papers were prepared and read by members, some of the subjects being "Pneumonia," "Complications of Pneumonia," "Diphtheria," "Croup," "Ethics for Nurses," etc.

By way of variety we had debates and question drawers, the latter proving very interesting and beneficial, such questions as, "Discuss the Relative Merits of Ointment and Powder for use on Excoriated Surfaces," "The Individual Duty of the Nurse in the Ward," "The Care of Rubber Goods," "The Relative Merits of Carbolic and Bichloride of Mercury as Disinfectants," etc. All were sorry when the summer was over, as the club had proved to be so interesting that it was considered a means of recreation.

C. F.

ROCHESTER CITY HOSPITAL ALUMNÆ ASSOCIATION

THE annual meeting of the Rochester City Hospital Alumnæ Association was held in the assembly-room of the Isabella Graham Hart Home on the afternoon of Tuesday, October 9, Miss E. Langstaff, the president, in the chair. The attendance was unusually large and the principal business of the afternoon was the election of the following officers: President, Miss Elizabeth Connor; first vice-president, Miss Elizabeth Frick; second vice-president, Miss R. A. Sercombe; recording secretary, Miss Phœbe Bush; corresponding secretary, Miss E. C. Sanford; treasurer, Miss Sophie Tytler. A vote of thanks was extended to the retiring officers.

MONROE COUNTY MEETING

THE regular meeting of the Monroe County Nurses' Association was held at the Homeopathic Hospital, Rochester, New York, September 25, Miss Allerton, first vice-president, in the chair.

Miss Kinghorn sang several songs very charmingly. Mrs. William A. Montgomery gave a talk on the "Profession of Smoothers." Mrs. Montgomery held her audience spellbound for three-quarters of an hour. She was followed by Miss Damer, of Buffalo, who spoke at length on the formation of the New York State Society. Miss Hollister was elected a delegate to go to Albany when the initiatory meeting should be called.

The secretary reported the completion of the arrangements for the affiliation with the Local Council of Women. Miss Sanford, chairman of the Committee on Ethics, read her report, but it was decided to postpone the adoption of the report until the return of the president. The meeting adjourned and refreshments were served on the veranda.

It was altogether a very enjoyable occasion.

JULIA E. BAILEY,
Secretary.

NEW CLUB AT POUGHKEEPSIE, NEW YORK

A new club has been organized at Poughkeepsie, known as the Dutchess County Graduate Nurses' Club. Miss Elizabeth S. Burroughs is president and Miss Mary J. Blass, secretary.

NEW YORK STATE MEETING

NOTICES of the proposed State meeting have been sent to all organized nursing societies of the State and to all superintendents of training-schools where there are no alumnæ societies or nurses' clubs among the graduates, asking them to interest themselves in forming clubs from which delegates may be sent to this meeting.

A. DAMER.

INTERNATIONAL COUNCIL OF NURSES

AMONG the conventions scheduled for next summer in Buffalo are assemblages of women's clubs and other similar organizations, which the Pan-American Board of Women managers will be expected to look out for.

The nurses of Buffalo are represented on this board, and no proposed meetings are arousing more general interest than the International Nursing Congress which will assemble there next September. It is stated that arrangements are under way whereby the Pan-American Exposition management may lease part of the Women's Union Building for use by women's conventions during the Exposition period.

It will prove an ideal place for such conventions, having a fine hall and commodious committee rooms, and is in every way adapted to the purpose.

A. D.

COMMITTEE MEETING

THE Committee on the Revision of the Constitution of the American Society of Superintendents of Training-Schools for Nurses held a meeting at the Westminster Hotel, in New York City, September 25, at eleven-thirty A.M. There were present Miss M. E. P. Davis, Miss Anna L. Alline, Miss Alice T. Twitchell. With the exception of an intermission of three-quarters of an hour for luncheon, the committee worked diligently until four P.M., when they adjourned to meet again in November.

ANNUAL REPORT

THE annual report of the American Society of Superintendents of Training-Schools for Nurses can be obtained by applying to the secretary, Miss L. L. Dock, 265 Henry Street, New York City; the price is fifteen cents, which includes postage. This report contains much of interest to all nurses and to all those interested in training-school and hospital matters.

DISINFECTING APPARATUS

Is there such a thing as a disinfecting apparatus that can be operated in connection with an ordinary hot-air furnace for the disinfection of mattresses, blankets, and woollen clothing?

"SMALL HOSPITAL," care of the Editor.

CORRECTION

IN the October number of the JOURNAL, in the report of the meeting of Spanish-American war nurses, the statement that Dr. McGee was elected by acclamation is an error. The election was by ballot, Dr. McGee receiving fifty votes and Miss Hibbard four.

MISS HIBBARD IN CUBA

MISS M. EUGÉNIE HIBBARD sailed for Cuba September 29 in response to a cablegram from Major Greble, offering her the position of superintendent of the Training-School for Nurses at Matanzas, Cuba.

[We regret being obliged to go to press without the second instalment of Miss Hibbard's very interesting paper, "With the Maine to South Africa."—Ed.]

Obituary

DEATH OF MISS ELLEN M. WOOD

At a special meeting of the Johns Hopkins Nurses' Alumnae Association, held August 15, a committee was appointed to draw up the following resolutions:

"Once more it is our sad duty to record the loss of a valued member of our Alumnae Association.

"On August 9 Ellen M. Wood died of typhoid fever at Copenhagen, having gone to Europe to obtain a much-needed rest. After graduating in the Class of '95, she returned to her home, leaving behind her a splendid record of work done throughout her whole course of training. From this time on, while not neglecting her part in the duties of home life, she devoted herself to district work in her immediate neighborhood and in the city of New York, especially among the colored race. How broad a grasp she had obtained of social and economic questions was appreciated by those who heard her speak at the last general meeting in New York. Hers was a charity that knew how to uplift as well as to relieve. But to her friends and associates, and to those to whom she ministered, beyond all her talents there stood forth the personality of the modest, unassuming, loving, and truly lovable woman.

"Her cheerfulness made everything bright around her; her patience overcame impatience; her rare intuitive sympathy and tenderness called forth all that was best in others.

"Her friends will miss her sorely. In her death many of the suffering poor have lost their best friend. To us her life on earth seems all too short; but her work still lives.

"Signed on behalf of the Association,

"ANNA E. RUTHERFORD,

"HELENA BARNARD,

"MARY E. LENT."

In Memory of Helen D. Cochron

"THE first and only nurse who has passed into the 'beyond' in the Philippine Islands was Miss Helen D. Cochron, who died August 12, 1900, at United States Army Hospital, Iloilo, after five days of intense suffering.

"She was a graduate of the Children's Hospital, San Francisco, California, Class '98. She spent the last two years in army work, and was among the first to offer her services for these islands, sailing from Honolulu in March, 1899.

"With the exception of the time spent on transport duty to the United States and return, her services were rendered in the First Reserve Hospital, Manila. July 23, at her own request, she was transferred to Iloilo, now her resting-place.

"Her funeral is said to be the largest, next to General Lawton's, held in these islands. Her casket was carried on a caisson with the American flag over it, two major surgeons and four assistant surgeons acting as pall-bearers. The regiments with band acted as escort, followed by her sister nurses and hospital corp men.

"At the grave a salute was fired and *taps* played.

"Miss Cochran was always a favorite among the nurses in her own school and in the army. One of the lovely things she always remembered to do was to call on the new nurses who arrived from the States, tired from their long journey and thinking *home* was a long way off. She always brought cheer and comfort with her, telling of the better side of army life.

"Though her body lies in these islands, we may look to meet her in the 'Home' where there is no parting.

"ANNIE A. ROBBINS,

"Chief Nurse,

"Santa Mesa, United States Army Hospital,

"Manila, Philippine Islands.

"August 24, 1900."

INSTRUCTIONS TO CONTRIBUTORS

IN sending contributions for publication use eight-by-twelve single-sheet paper when possible.

Write only on one side of the sheet, leaving a margin of an inch at the top of each sheet and one-half inch at the sides. Number pages.

Put titles of articles at the top of every page.

Give the name and address of the writer and sender plainly written.

Make all explanatory notes to the editor on separate sheet. Long articles should be typewritten when convenient.

Subscriptions should be made payable to the order of the J. B. Lippincott Company and sent to the AMERICAN JOURNAL OF NURSING, 624 Chestnut Street, Philadelphia, Pennsylvania.

THE EDITOR

DURING the first quarter of a century of the nursing profession, if so we may be allowed to call it, the controlling power of the schools has been, and is now, in the hands of physicians and laymen. During this time the trained nurse has become a recognized factor in medicine and surgery, and an indispensable attendant in the homes of both rich and poor in times of sickness.

Having been for so long a time a recognized force, one would expect that intelligent citizens, at least, would be thoroughly informed as to her proper qualifications. On the contrary, the public are woefully ignorant in regard to the education and requirements of the modern trained nurse.

Any professional man attempting to establish himself in a strange community finds himself obliged to furnish some guarantee, other than his own word, that he is what he pretends to be.

But let any woman go into a community, adopt a nurse's uniform, and call herself a trained nurse, and her statement will be accepted without question by the majority of physicians and the public at large. She may say truthfully that she has received her training in such and such a hospital. She is not required to show her diploma, and need not explain that her "training" may have been that only of a rejected probationer, a discharged pupil for cause, or as a laundress, ward maid, or waitress, her residence in a hospital giving her a certain familiarity with the routine of institution life which enables her to effectually deceive a credulous and confiding people.

Men and women of intelligence are beginning to ask questions that give us hope for the future. We hear questions like this: "What is the need of all this organization among nurses? What do you hope to gain by it?" "We are hearing a great deal of talk about higher education, progress, etc., among nurses. Haven't you schools enough? There are no class of women so busy and so well paid as good nurses."

First we have to recognize the fact that a training-school is the cheapest kind of service that a hospital can obtain for the care of its patients; consequently it is a good financial investment for the institution. The pupil in return for her training gives, with the exception of a few instances, from a nine- to twelve-hour day, involving heavy manual labor, with great nervous strain, and performing for the hospital duties

involving great responsibility not only in the saving of life, but in the care of the expensive hospital equipment.

It is not difficult to understand how the training-school privilege has become so much abused when we consider the great numbers of women who are clamoring for admission to the hospitals for this training. In too many instances, where the institution is poor or where it has been established for commercial purposes, the nurse is worked to the limit of her capacity, while the systematic, practical, and theoretical instruction is disproportionately small. If she is a bright, well balanced, intelligent woman, she absorbs a certain amount of knowledge which she is able to use to advantage in private nursing. Such a woman, with natural dignity and tact, becomes a valuable nurse. Nearly all of the pioneer women of the profession received their training after this manner during the first few years of training-schools, but that period has long since passed. At the present time, the woman to whom we are referring soon becomes conscious of the limitations of her instruction, whereas, if she had served her time in a school of the first grade, she would have become the mistress of her profession. This one successful woman stands in the proportion of one to a hundred in the great numbers who are graduated from all sorts and conditions of so-called schools every year. These women, imperfectly trained after their long, hard service, have been defrauded of their just dues. They have given of their time and strength, but have not received the compensation which is justly theirs.

The remedy for this state of affairs will only come through the efforts of the nurses themselves. Registration, with its two great principles, must bring the needed protection,—first in giving a better training to the nurse of the future, followed by protection to the public and the regular graduate against those same “rejected probationers,” “laundresses,” etc., who are now free to masquerade in a nurse’s uniform. This is the burning question of interest with the British nurses as well as those of America. It may be to some a hackneyed subject, but until registration and the principles involved become a reality, it will be the *alpha* and *omega* of our text.

At the great International Congress of Women held in London last year neither of our national organizations were represented by an official delegate. By invitation, the names of four women identified with the nursing interests of this country were on the programme.

We can hardly agree with our “regular London correspondent” that the gift of oratory is to be found in greater proportion among the nurses of America than with the nurses of Great Britain. Of course, the United States was represented in the general congress by many of

its greatest women orators, Miss Susan B. Anthony, Mrs. May Wright Sewall, and the Reverend Anna Shaw being recognized before the world as women of exceptional brilliancy as public speakers; but in the nursing section and at the annual meeting of the Matrons' Council, which we also had the pleasure of attending, we were impressed with the fact that the gift of public speaking was quite as evenly distributed among the English nurses as it is with us. They have a few brilliant orators; so have we; but the masses of the nurses in both countries, who are plain, executive, hard-working women, find it difficult to express their views before an audience. Moreover, our "regular correspondent," drawing her conclusion, perhaps, from the four women referred to, may not have known that three of those women were British subjects. Our own Miss Dock, God bless her! did us proud upon that occasion, but the grace of oratory of the other three must be accredited to the mother country.

THE study courses for our alumnae associations are being organized for the winter, and one of the subjects universally popular, not only among nurses, but in women's clubs and societies of every description, is that of parliamentary law. We are inclined to think that in too many instances individuals and societies give up the study of this subject when they have mastered the principles of the conduct of a public meeting.

We think there is great need in our nursing societies for more careful study of the duties of officers and members of committees. We are too much inclined, in our busy life, to leave the important work of our organization in the hands of a few, who are naturally leaders and burden-bearers. We believe in the frequent changing of officers and members of committees. With a more thorough knowledge of the duties of officers and committees, a greater number would feel competent to accept office. We should avoid the danger of getting into a rut, of narrowing instead of broadening our influence for good, and effectually prevent our organizations, both local and national, from degenerating into what is known in politics as a "machine." We would like to suggest that this portion of the subject of parliamentary law shall receive greater consideration during the coming year.

THE AMERICAN JOURNAL OF NURSING has become a reality, and is receiving praise far beyond our fondest expectations. It is, of course, desirable that the subscription list shall be increased as rapidly as possible, and subscribers wishing the first number must send their names to the publishing house soon, as the first issue is rapidly becoming exhausted.

